


Summer 1986

Jefferson Alumni Bulletin – Volume XXXV, Number 4, Summer 1986

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Jefferson

MEDICAL COLLEGE
ALUMNI BULLETIN

Summer 1986



THE RITE OF SPRING

Annual Giving: \$1,312,811.

The 1985-1986 Campaign closed its books on June 30 with another all time high. The dollar amount recorded an increase of \$32,338 for a total of \$1,312,811, the third straight year that the Jefferson donations surpassed the million dollar mark. To each of you who elect to support your Medical College this past fiscal year our sincerest thanks.

First I must cite James E. Bowman '27, who through his continuing efforts with his class members reached a 69.7 percentage of participation. Dr. Bowman's classmates will gather next spring for their 60th reunion. Thirty years younger but always in the forefront is the class of 1956 which celebrated its 30th reunion in June. Agent Eugene F. Bonacci was a miracle worker once again, with a first place for all three classifications: dollar amount with \$57,790, highest participation with 64.1% and largest number of gifts, tied with Duncan Salmon '78, with 100. Our congratulations.

On a more distressing note I must report that there was a 3.2% decrease in participation to 43.2% reflecting 225 fewer gifts in 1985-1986. It is indeed troublesome to me that the program cannot entice at least 50% of our membership to support the College each year.

However, there is always another chance. The new campaign will get under way this fall. Perhaps we can maintain this year's list of donors while enlisting 400 hundred new members to join with their classmates and colleagues.

Again thanks to those who gave this past year.

J. Wallace Davis
Chairman

Thank You

Franz Goldstein, M.D., Jefferson Medical College Class of 1953, has relinquished his Chairmanship of the Publications Committee of the Jefferson Alumni Bulletin, after serving productively in that capacity for 7 years. In this as in his other endeavors, Dr. Goldstein has exercised his keen intelligence and academic honesty, and demonstrated his penchant for hard work.

Dr. Goldstein's career has been an active one. Following his training in medicine and gastroenterology at The Graduate Hospital, he returned to Jefferson as an Instructor in Medicine in 1957. He progressed both academically and clinically becoming Assistant Professor in 1962, Associate Professor in 1964, and since 1970, Professor of Medicine.

He has always been involved in the teaching program at Jefferson, both at the student and resident levels. He is a member and has been an office holder of many prestigious organizations, and has contributed over 120 scientific articles and chapters to the medical literature. He has been a devoted and loyal Jefferson physician and alumnus. His son, Richard Goldstein, currently a surgical resident at Vanderbilt University in Nashville, is a graduate of the Class of 1982. Those of us who have worked with Dr. Goldstein over the years, particularly in the Publications Committee, are proud of his achievements and value his leadership and friendship. We wish to thank him for a job well done.

Stanton N. Smullens, M.D.
Chairman



Jefferson's Best

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In late May and early June, three examples of Jefferson's best were honored with the highest accolades she has to offer: the Alumni Achievement Award to Gerald D. Dodd, M.D. '47; the Alumni Prize to Eliav Barr, M.D. '86 and the Senior Portrait Presentation to Joseph F. Majdan, M.D., of the cardiology faculty.



Reunion Speakers

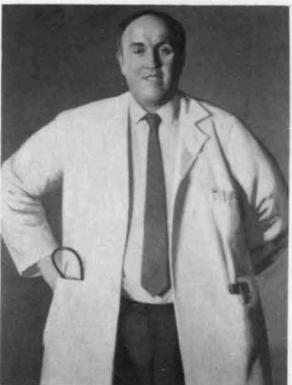
13

- 1936 J. Edward Berk, M.D.
- 1951 Vincent J. McPeak, Jr., M.D.
- 1956 C. Robert Jackson, M.D.
- 1961 Karl R. Herwig, M.D.
- 1966 Harvey J. Sugerman, M.D.
- 1971 Joseph L. Seltzer, M.D.
- 1981 Charles L. Bryner, Jr., M.D.

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News and pictures enliven this section of the *Bulletin*.



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Editor

Nancy S. Groseclose

Publication Committee

- Stanton N. Smullens, M.D. '61
Chairman
- William V. Harrer, M.D. '62
- Warren R. Lang, M.D. '43
- Fred D. Lublin, M.D. '72
- Gerald Marks, M.D. '49
- Philip Nimoityn, M.D. '86
- Leon A. Peris, M.D. '55
- J. Woodrow Savacool, M.D. '38
- Cynthia Altman Weinstein, M.D. '77

Photos

including cover
by Don Walker

On the Cover:

Jefferson Alumni Hall's lovely west garden court was the setting for the opening reception for the Association's 1986 reunion bash.

The Jefferson Scene

jefferson's best

During the very busy late weeks of spring honors and awards are presented to Jefferson's best. The alumni chose one of their most distinguished members as recipient of the Achievement Award; the senior class selects their favorite professor for recognition with the portrait presentation; and the Association presents its medal of achievement to the student with the highest cumulative average. The following stories report on the honorees.

dodd recipient

The 1986 recipient of the Alumni Achievement Award — the highest honor Jefferson bestows on her graduates — is renowned radiologist Gerald D. Dodd, M.D. '47, since 1966 Chief of the Department of Diagnostic Radiology, University of Texas M.D. Anderson Hospital and Tumor Institute, Houston. The 28th recipient recently completed a year as President of the American College of Radiology.

Following his training in radiology at

Jefferson, Dr. Dodd's career began at Mitchell Air Force Hospital during the Korean war. At the end of his service obligation he returned to Jefferson where, for three years, he served as an Assistant Radiologist and supervisor of the resident training program. In 1955 he accepted an appointment at the M. D. Anderson Hospital as Head of the Section of Diagnostic Radiology in the Department of Radiology. After six years in this position he returned to Jefferson as a Clinical Professor of Radiology and Director of Residency Training. While in this position, Dr. Dodd also served as a Visiting Lecturer at the University of Pennsylvania and a Consultant in Radiology at the Veteran's Administration Hospital.

In 1966, he was offered the position as Chairman of the Department of Diagnostic Radiology at The University of Texas M.D. Anderson Hospital and returned to Houston where he has remained to the present. In 1971, in addition to his duties at M. D. Anderson, he became the founding Chairman of the Department of Radiology at The University of Texas Medical School at Houston, a position which he relinquished in 1975. He remains a Professor



"There are certainly a lot of old friends up there" says Gerald D. Dodd, M.D. as 1986 achievement award plaque is affixed in Jefferson Alumni Hall.

of Radiology at the School as well as a Consultant in Radiology at the St. Luke's and Texas Children's Hospitals and Hermann Hospital, all in Houston.

In addition to his duties at his parent institution and the Medical School Dr. Dodd serves as a Visiting Member of the Graduate Faculty of Texas A & M University, Professor of Radiology Technology, The University of Texas School of Allied Health Sciences at Houston and Adjunct Professor of Radiology at the Baylor College of Medicine in Houston.

Dr. Dodd has held many appointments in state and national societies, having served as President of the Houston and Texas Radiology Societies and Chairman of the Board of Chancellors of the American College of Radiology. At the present time he is immediate past President of the American College of Radiology, a Director of the American Cancer Society, a member of the Board of Directors and Chairman of

the Budget and Finance Committee of the National Council on Radiation Protection and Measurements, a Trustee of the American Board of Radiology and a Vice-President of the American Roentgen Ray Society. At various times in his career he has served on numerous committees of the National Cancer Institute, the American Cancer Society, the Radiologic Society of North America and the American Roentgen Ray Society.

National society memberships include Alpha Omega Alpha; American College of Radiology; American Roentgen Ray Society; Radiological Society of North America; the Association of University Radiologists; the Society of Gastrointestinal Radiologists; Sigma XI and Health Physics Society.

Dr. Dodd has received the Silver Medal of the American Roentgen Ray Society (Scientific Exhibit) and, on three occasions, the Magna Cum Laude Award of the Radiologic Society of

North America, among many, many others. The distinguished radiologist was recently appointed the first holder of the Olga Keith and Harry Carothers Weiss Chair in Diagnostic Radiology at M. D. Anderson Hospital.

Editorial positions include the Advisory Board of *Critical Reviews in Radiology and Nuclear Medicine*, *Applied Radiology*, *Magnetic Resonance*, *The Houston Medical Journal*, *Radiology*, *Gastrointestinal Radiology*.

"There are certainly a lot of old friends up there", said Dr. Dodd, looking at the Alumni Achievement Award plaque in the foyer of Jefferson Alumni Hall. As his own name was being affixed, he remarked on the special relationships and friendships he has had with the other Jefferson giants.

"Drs. Clerf, Cantarow, Gibbon, Wil-lauer, Rakoff, Keyes, T. L. Montgomery and J. B. Montgomery all taught me in my undergraduate years at Jefferson. Later, as a member of the

highest cumulative average



Eliav Barr, M.D.: his goal is to be a cardiologist

Eliav Barr, AOA, summa cum laude graduate in the Class of 1986, who finished his college and medical school career in five years on the Penn State/Jefferson Program (now six years), won the Alumni Prize for highest cumulative average on Class Day. The 22-year-old graduate from Bloomfield Hills, Michigan, just back from a vacation in Vancouver, Seattle and the Olympic Peninsula, also received the Annie Simpson General Medicine Prize. He was delighted with the sterling silver medal from the Alumni Association, and knew that his parents, flying in later that day, would be, too. "I really had no idea that I had the highest average this last year," said the modest young man, who admitted he knew he had the highest average after his third year, but "didn't want to keep going back and asking."

Receiving his first choice in March's Match Day, Barr will spend the next three years in an internal medicine residency at The Johns Hopkins Hospital. His goal is to be a cardiologist like his father, "who provided an exciting role model." When asked if Joseph F. Majdan, M.D., the young cardiologist whose portrait was presented to the College in May, had an influence on his choice, he categorically stated, "Dr. Majdan influenced every student in the school."

A National Merit Finalist in high school, Barr went on to the Penn State Program which, he says, is not for everyone. "It's a good program for people who have been exposed to medicine before, and know exactly what they're getting into," he noted. Having a cardiologist and ICU nurse for parents, and having lived for many years in a hospital compound in Israel, Barr feels he was qualified, an understatement. "It enabled me to get into it faster," he said. "At age 22 I'm ready to take my residency without family commitments. Hopefully," he said with a smile, "by the time I'm 25 and looking for a fellowship, I will have found someone along the way."

faculty, I was privileged to assist in the care of many of their patients and continued to learn from them.

"Dr. J. B. Montgomery, Haskell, Templeton, and Rakoff were all fellow members of the X- Society, a group of senior faculty which still flourishes at Jefferson.

"Dr. Anthony DePalma was Professor of Orthopaedics during my tenure as a member of the faculty and is an individual to whom I have turned for advice on not a few occasions. He remains active as a teacher and hopefully will participate in our resident physician program in the near future.

"Drs. Templeton and Sweeney are friends of many years standing whose abilities I admire and have relied upon. To be grouped with all of these men is an honor that I truly never expected and one for which I am most grateful.

Dr. Dodd had been in Kentucky giving radiology examinations for the American College of Radiology prior to flying to Philadelphia for his award. If he had his "druthers" he said, he'd be living in Philadelphia now, but when he was offered the Chairmanship of the Department at Jefferson, at the retirement of Philip Hodes, M.D., he had just moved his family of seven children back and forth between the east coast and Texas; "That would have meant three moves in ten years," he said. "I just couldn't do it."

M.D. Anderson has been glad ever since. From a staff of 24 housed in 5,000 square feet of space, the Department of Diagnostic Radiology has evolved into a 60,000 square foot facility with 225 full-time personnel. The physical plant includes 5000 square feet of laboratory space manned by seven basic scientists and their technicians.

Treating just cancer patients, M.D. Anderson joins two other major categorical institutions with this distinction, Memorial-Sloan-Kettering Cancer Center in New York and Roswell Park Memorial Institute in Buffalo. In conjunction with the University of Texas Medical School at Houston, the institution supports an active four-year residency program. Seven residents a year are selected from upward of 300 applications and, at any one time, eight of

these as well as eight Fellows, medical students and visiting Fellows may be found in the department. Dr. Dodd looks forward to working with an old friend and colleague, Jack Edeiken, M.D., who has recently stepped down as Chairman of the Department of Radiology and moved to Houston.

Dr. Dodd's reasons for choosing radiology as a specialty had their genesis in his experiences as a junior intern at Misericordia Hospital; these culminated in residency training under the late Dr. Paul Swenson, Chairman of the JMC Department of Radiology from 1943 to 1955. "It was the technical aspects I found most intriguing," he said. "Additionally, each film presented a puzzle to be unraveled and the facts marshalled in a coherent fashion. I found the combination irresistible." While radiology used to be called "the general practice of the specialties" today it has become highly specialized. Dodd, when asked what he found the most amazing about his chosen field said, "the way it has changed and the speed with which those changes have come about. It is a dynamic, vital specialty with an ever increasing impact upon the practice of medicine."

Gerald Dodd is proud of the Alumni Achievement Award that is now his, and proud of the Jefferson tradition that is always with him.

a student's choice

"I would like to be the Mr. Chips of Jefferson," said Joseph F. Majdan, M.D., Assistant Professor of Medicine in the Division of Cardiology. He has come very close to that wish, having received five distinguished teaching awards in his four years here. In 1984, while an Instructor, he was awarded the Christian F. and Mary R. Lindback Award at Class Day, voted by the senior class to honor the most exemplary teacher in the Clinical Sciences; in 1982, 1984 and 1985, he received the Medical Residents Distinguished Teaching Award. He was one of seven nationwide recipients of the American Heart Association's 1986 Teacher of the Year.

This year, as a tangible measure of

their esteem, the Class of 1986 voted to have Dr. Majdan's portrait presented to the College. It's a singular honor and one which makes him very proud. But perhaps it is more humbling than surprising, since Dr. Majdan feels that teaching is "what I was put on this earth to do." He says he loves the challenge and, most of all, the students. Whether first-year students, medical residents or Fellows, each individual gives him a reason to find fulfillment in teaching.

He enjoys medical students because they are "pure of heart. They haven't been subjected to what others have; they still have stars in their eyes," he said. "I like talking to them, allaying their fears and getting to know who they are. I think teaching is an honor, a solemn duty and should not be looked upon as a mere academic assignment. For the medical students must always be the medical school's most prized and coveted treasure."

Echoing the words of his favorite teacher at LaSalle University, Dr. Roland Hoyroyd, he says, "Education is something that must begin within each student. Today, it is something that is put into a student. Education is not just spouting knowledge; it's understanding the students' level of comprehension, showing students and house staff that someone cares about not just what they are but who they are. To teach is to impart knowledge to students," he said, "not to impress students with one's own knowledge."

"I feel strongly about the students and house staff members," Majdan said in his Chestnut Street office. "I respect their views as people; they aren't numbers. I try to show them I care, taking time to talk to them outside the classroom, in the cafeteria, sitting down with them at a nursing station, stopping them in the halls. 'What are you doing now,' I'll ask them, or call them up at the affiliate or residency rotation. They are so surprised that somebody actually cares what they're doing, how they are." He knows the names and whereabouts of every student who has crossed his path since 1982.

It is this kind of caring, this marathon presence at the hospital, that made

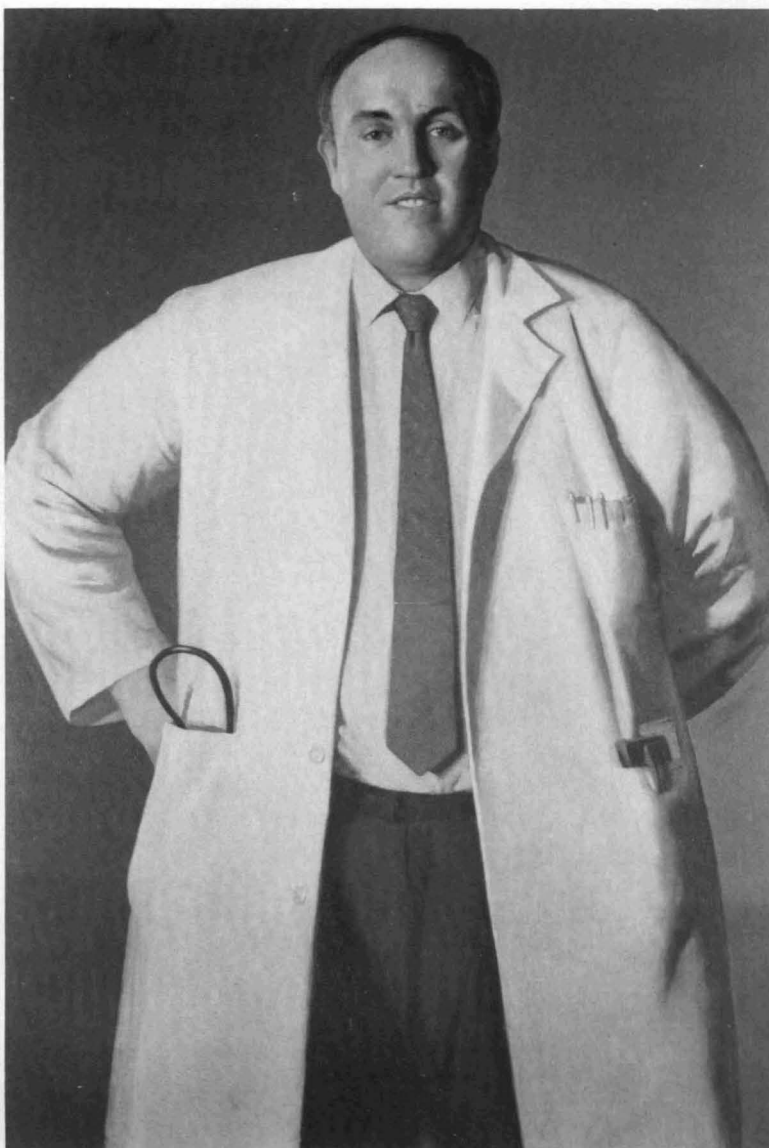
Majdan the logical choice for Junior Coordinator this year, Willis C. Madrey, M.D., Magee Professor of Medicine and Chairman of the Department, said at the presentation. "He never goes home," he joked. "But what impresses me the most about Joe Majdan is that he's a cardiologist interested in medicine."

Majdan's Friday afternoon auscultation rounds impress his students the most. Dubbed the "Majdan Rounds," these excursions into group education center around the Professor and his electronic stethoscope, which he plugs into amplifiers while listening to a patient's heart. "He's a throwback," says David Becker, M.D., senior medical resident; "a wonderful teacher who does more than anybody else to stress bedside exams." Dr. Becker says his mentor loves cardiology, communicates that to people and gives a good historical perspective, telling what's behind a certain procedure or decision. "He's demanding," says Becker, "but he puts in the hours. He's a good role model."

"He's very much interested in students' welfare," said Walter Coyle, M.D. '86. "He's incredibly supportive, compassionate. Family comes first. He's doing a phenomenal job with Junior Rotations." He added, "He listens to his own drummer."

Before the presentation in McClellan Hall on May 22, while students and colleagues streamed into the auditorium, graduating senior H. Thomas Temple, played classical piano, Comments were made by Thomas F. Boerner, Chairman of the Portrait Committee and Geno J. Merli, M.D. '75, Clinical Assistant Professor of Internal Medicine and Clinical Assistant Professor of Rehabilitative Medicine, who gave the biographical sketch. The portrait, by artist Bo Bartlett, was unveiled by graduating seniors Dennis A. DeBias, David J. Eschelman and Andrea B. Magen.

After a standing ovation, Dr. Majdan, visibly moved, spoke without notes to the affectionate crowd composed largely of his students. "I want you to know," he said, "what this moment, your words, your music, mean to me. Yet I want you also to know that you



Joseph F. Majdan, M.D.: "the yardstick for success in teaching must always be the student."

have already given me an honor equally as rewarding, equally as cherished: that has been the privilege of teaching you during these very important years of your lives."

He told the assembled students that it was essential they remember what it was like to be a student, what it was like to have been taught, to have been shown, to have been encouraged by someone who unlocked doors, unfolded concepts. Also, how important it was to remember those teachers who were not so good, "those who held you in academic incarceration and thought that the student, rather than they, had the privilege of the moment. Too many forget; too few of us truly remember.

"As future teachers, you must guard against the ever present danger of gauging success in teaching solely on the basis of numerical grades, solely on the basis of computer analysis of student performance, solely on the basis of committee reports by your peers. Although these are important tools, if the teacher has failed to reach, touch, inspire the student, that teacher has failed. For the yardstick of success in teaching must be and always remain the student. Students are not like plants in a conservatory, to be watered each day with information and sprayed with error repellants. They are individuals, human souls."

His faith has always played an important role in Dr. Majdan's life. He

is proud of the strong ethnic traditions in which his parents raised him. An only child, he attended Holy Ghost Preparatory School, LaSalle University and University of Pennsylvania School of Medicine. He became a member of the Jefferson staff after serving a two-year Cardiology Fellowship here.

A member of the Admissions Committee, he has made a favorable impression on Benjamin Bacharach, M.D. '56, Director of Admissions, who says, "Joe has established high standards for our applicants and expects them to be not only well prepared academically, but also knowledgeable about medically-related activities and to have participated in extracurricular collegiate activities as well. We know that people whom Joe recommends for acceptance have not only the academic qualifications to succeed in medical school, but also the moral standards and ethical values necessary to becoming a good doctor." Majdan also serves as a member of the Internship Selection Committee, as well as Coordinator of Junior Students.

By his own admission, Majdan is often on the Jefferson premises from 8:00 a.m. until 10:00 p.m. "I love what I do," he said. "It gives me great satisfaction, great happiness." Of his success, he offers a reason. "I try to be a human being first; people know who you are and who you are not. I set my standards high, always expecting the best from people. By the same standard, I try to be the best as a teacher. A teacher, by his dress, his actions, the way he writes his notes, sees his patients . . . by demonstrating that he cares . . . serves as a role model."

According to Joseph F. Girone, M.D., third-year resident, the choice of Joseph F. Majdan, M.D., for this honor registered a message with the College. That message is, "We'd like to see more of this kind of teacher."

lindback history

In 1961, Dean William A. Sodeman presented two new awards at Commencement Exercise. "The Christian R. and Mary F. Lindback Foundation," he said, "through its trustees, Miss Francis

Christian R. and Mary F. Lindback Awards*

Twenty Five Years of Excellence

- 1961** Thaddeus L. Montgomery, M.D. '20, Professor of Obstetrics and Gynecology and Chairman of the Department;
John W. Goldschmidt, M.D. '54, Associate in Physical Medicine
- 1962** Bernard J. Alpers, M.D., Professor of Neurology and Chairman of the Department;
Gonzalo E. Aponte, M.D. '52, Assistant Professor of Pathology
- 1963** Francis J. Sweeney, Jr., M.D. '51, Associate in Medicine;
David R. Morgan, M.D., Professor of Pathology and Curator of the Museum
- 1964** John B. Montgomery, M.D. '26, Professor of Obstetrics and Gynecology and Chairman of the Department;
John N. Lindquist, M.D. '43, Assistant Professor of Clinical Medicine
- 1965** Joseph J. Rupp, M.D. '42, Associate Professor of Medicine;
Franz X. Hausberger, M.D., Professor of Anatomy
- 1966** John H. Hodges, M.D. '39, Ludwig A. Kind Professor of Medicine;
Albert E. O'Hara, M.D., Assistant Professor of Radiology
- 1967** Joseph Medoff, M.D. '39, Associate Professor of Clinical Medicine;
Joseph F. McCloskey, M.D. '43, Professor of Pathology
- 1968** Robert L. Brent, M.D., Ph.D., Professor of Radiology and Pediatrics, Chairman of the Department of Pediatrics, Director of the Stein Research Center;
Robert C. Machowiak, M.D. '64, Assistant Professor of Physiology
- 1969** Irving J. Olshin, M.D., Professor of Pediatrics;
Savino A. D'Angelo, Ph.D., Professor of Anatomy
- 1970** Anthony F. DePalma, M.D. '29, Professor of Orthopaedic Surgery;
John R. Shea, Jr., Ph.D., Assistant Professor of Anatomy
- 1971** John J. Dowling, M.D. '47, Clinical Associate Professor of Orthopaedic Surgery;
Arthur Allen, Ph.D., Assistant Professor of Biochemistry
- 1972** Norman Lasker, M.D., Associate Professor of Medicine;
Wolfgang H. Vogel, Ph.D., Associate Professor of Pharmacology
- 1973** Warren P. Goldburgh, M.D. '52, Clinical Associate Professor of Medicine;
Ronald P. Jensh, Ph.D., Assistant Professor of Anatomy

- 1974** Edward D. McLaughlin, M.D. '56, Associate Professor of Surgery;
Anthony J. Triola, Ph.D., Associate Professor of Pharmacology;
- 1975** Arturo Hervada, M.D., Professor of Pediatrics;
Richard G. Berry, M.D., Professor of Neurology and Pathology
- 1976** Carla E. Goepp, M.D., Assistant Professor of Medicine;
Gabriel Ceron, M.D., Ph.D., Assistant Professor of Anatomy
- 1977** Edward H. McGehee, M.D. '45, Professor of Family Medicine and
Clinical Associate Professor of Medicine;
Warren R. Lang, M.D., '43, Professor of Pathology and Obstetrics and
Gynecology
- 1978** George J. Andros, M.D., Professor of Obstetrics and Gynecology;
Laird G. Jackson, M.D., Associate Professor of Medicine and Director
of the Division of Genetics
- 1979** Jerome M. Cotler, M.D. '52, Clinical Professor of Orthopaedic
Surgery;
Robert J. Mandle, Ph.D., Professor of Microbiology
- 1980** Roy Clouse, M.D., Clinical Assistant Professor of Psychiatry and
Human Behavior;
August Epple, Ph.D., Professor of Anatomy
- 1981** Herbert E. Cohn, M.D., '55, Professor of Surgery;
Kenna D. Peusner, Ph.D., Assistant Professor of Anatomy
- 1982** Bruce E. Jarrell, M.D. '73, Assistant Professor of Surgery;
Misao Jakeda, M.D., Associate Professor of Pathology
- 1983** Francis E. Rosato, M.D., Samuel D. Gross Professor of Surgery and
Chairman of the Department;
Leonard M. Eisenman, Ph.D., Associate Professor of Anatomy
- 1984** Joseph F. Majdan, M.D., Instructor in Medicine;
Joye Faith Jones, Ph.D., Assistant Professor of Microbiology
- 1985** Robert J. Schwartzman, M.D., Professor of Neurology and Chairman
of the Department;
Charles S. Owen, Ph.D., Associate Professor of Biochemistry
- 1986** Willis C. Maddrey, M.D. The Magee Professor of Medicine and
Chairman of the Department;
George C. Brainard, Ph.D., Associate Professor of Neurology

*Clinical Award listed first
Faculty rank at time of award

E. Paulson, Mr. Jesse S. Bloom, Mr. Morris Duane and the Fidelity-Philadelphia Trust Company, has made available the Christian R. and Mary F. Lindback Award for Distinguished Teaching. This award is given to faculty members 'in recognition of distinguished teaching performed by the recipients during the school year.' The first award to a senior faculty member for outstanding leadership of the faculty in curriculum changes, I am proud to present to Thaddeus L. Montgomery, M.D., Professor of Obstetrics and Gynecology and Chairman of the Department. The second award, to a junior faculty member, is given in recognition of his addition to the Jefferson curriculum the newer advances in his field of medicine and his outstanding ability in teaching them, to John W. Goldschmidt, M.D., Associate in Physical Medicine."

That's the way it began, with a senior and junior faculty member receiving awards; often the senior member was a department chairman. Since then, it has changed to a teacher from the basic sciences and one from the clinical sciences, regardless of rank, and it is still one of the two most coveted awards a teacher at Jefferson can receive. The other is the Senior Portrait Presentation.

The Lindback Award is now 25 years old. First presented in 1961, the award stipulated that no less than \$500 nor more than \$1000 would be given to the individuals, and that no one could receive the award more than once. The primary source for nomination of the faculty has been the second year class for the Basic Science selection and the fourth year class for the Clinical selection. The award is now presented on Class Day rather than during Commencement Exercises.

Sufficient funds are available to give each recipient \$1000. He or she also receives a certificate from the Foundation following the presentation. The award is given at other Philadelphia institutions, differing in the manner of selection. Some recipients are chosen by faculty, department chairmen and deans with candidate names sent to a committee of former Lindback recip-

ients (Drexel University); at Temple University, the academic vice president writes annually to deans of schools for nominations, then makes a decision from those suggestions. At the University of Pennsylvania, students and faculty are asked to nominate candidates by general publication in the student and faculty news media. The nominations are submitted to the Lindback Awards Committee, which then makes a selection of eight candidates and forwards their recommendations to the Provost, who selects the candidates.

class day

Awards and prizes were given to students and teachers alike during Class Day exercises, June 5. In addition to picking up an Alumni Certificate, bestowing Alumni Association membership on all graduates, certain graduating seniors were given awards for achievement.

Eliav Barr (AOA) received the Alumni Prize, earned by the student who, over four years, has the highest cumulative average. Eliav (pronounced EEL-ee-ahv) was in the five-year Penn State Program; he is 22 years old. He plans to take his first years of residency at The Johns Hopkins Hospital, with future plans in cardiology. Barr also received the Annie Simpson General Medicine Prize.

Some other prizes included the William Potter Memorial Prize in Clinical Medicine, Joanne Swift (AOA), Medical Center of Delaware; The Clinical Surgery Prize, William B. Carter, TJUH; The Orthopaedic Surgery Prize, sponsored by Professor John J. Gartland, M.D. S44, George P. Cautilli, Lankenau Hospital; The William F. Kellow Prize to the student who most closely exemplifies the attributes of the ideal physician, Patti Jo Schaebler Brown, Hahnemann University Hospital; and The J. Woodrow Savacool Prize in Medical Ethics awarded to the senior medical student who embodies the traditional ideal of "caring for people," William V. Martinez, Jr. (AOA), New York University Medical School and Brian S. Smith, Central Maine Medical Center. Martinez also won the Upjohn Achieve-

ment Award for all-around clinical proficiency. Dr. Savacool, Class of 1938, when approached by friends and colleagues to be the subject of a portrait, chose instead to establish a prize. He and Mrs. Savacool attended Class Day. All members of the graduating class received the William F. Kellow Award. Established by the late Dean, this award is a copy of *The Art of Medical Care and Caring*, a book of essays on the art of medical practice.

The speakers on Class Day were Richard H. Long, Jr., who won the Arthur Krieger Memorial Prize in Family Medicine and will be taking his residency at the Memorial Hospital, Pawtucket, Rhode Island, and Magee Professor and Chairman of the Department of Medicine, Willis C. Maddrey, M.D., who was chosen by seniors for the third year in a row to speak on "their day." Maddrey told the audience that he had a special feeling for this class because its members had come to Jefferson the same year he did. His delight was evident, later in the program, when his name was called as recipient of the Christian R. and Mary F. Lindback Award for Distinguished Teaching in the Clinical Sciences. The recipient for the Basic Sciences was George C. Brainard, Ph.D., Associate Professor of Neurology. (see following article)

A new award was given to faculty this year, the Burlington Northern Foundation Faculty Achievement Award for excellence in teaching and research productivity. In the Basic Sciences, the award was presented to Marion J. Siegman, Ph.D., Professor of Physiology; in the Clinical Sciences, Laird G. Jackson, M.D., Professor of Medicine and Director of the Division of Genetics (Medical).

the 162nd

Commencement Exercises on Friday, June 6, completed the week of flawless weather and jubilant celebration. Parents, spouses, children and even grandchildren, watched as their graduates received the diploma and hood, repeated the Hippocratic Oath led by Edward H. McGehee, M.D. '45, and

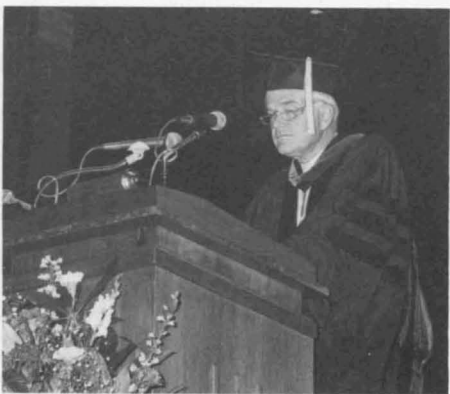
became, for the first time, physicians. The 222 graduates came from 92 colleges and universities and 16 states; women comprised 26 percent of the class, alumni offspring, 12 percent.

Eight Doctor of Philosophy and five Master of Science degrees were conferred by the College of Graduate Studies. Commencement speakers were the two honorary degree recipients, Hilary Koprowski, M.D. and Carol M. McCarthy, Ph.D. Dr. Koprowski, a native of Warsaw, Poland, received the Honorary Doctor of Letters degree. Upon arriving in America after graduation from the University of Warsaw, he became a member of the Rockefeller Foundation research team studying mosquito-borne yellow fever in Brazil. He pioneered research in an oral vaccine for poliomyelitis at Lederle Laboratories before the Sabin vaccine became available. Today, he directs research at the Wistar Institute of Anatomy and Biology in Philadelphia. He is renowned for his rabies vaccine and is the principal investigator in productive research programs involving studies on multiple sclerosis, basic virology and immunology. A concert-quality pianist and interpreter of the works of Chopin, Dr. Koprowski is married to a physician, Irena; they have two physician sons.

Carol M. McCarthy, Ph.D., President of the American Hospital Association, received the Honorary Doctor of Science degree. Among her activities as head of this important Chicago-based national association, Dr. McCarthy represents the nation's hospitals and presents their needs and concerns to Federal legislative and regulatory forums. Her distinguished academic achievements include a law degree from Temple University School of Law (received the week before Jefferson's exercises), and a Doctor of Philosophy degree, with concentration in health care economics, from New York University. A member of the Council for Medical Affairs and a member of the Board of Directors of the National Center for Health Education, Dr. McCarthy's insight into the implications of regulation aimed at controlling health care competition and costs will



Grand Marshall Robert J. Mandle carries the new University mace at Commencement Exercises June 6. Dr. Mandle, who was named Professor Emeritus of Microbiology last spring, is retiring to Arizona.



Edward H. McGehee, M.D. '45, selected by the senior class, administers the Hippocratic Oath

influence decisions on a national scale.

At the College of Allied Health Sciences' Commencement Friday afternoon, Honorary degrees were conferred upon Ernest LeRoy, Ph.D., President of the Carnegie Foundation for the Advancement of Teaching and a Senior Fellow of the Woodrow Wilson School of Princeton University—Doctor of Science; and Robert Earl Kinsinger, Ed.D., Chairman of Educational Services for the Professions and a member of the advisory committee for the National Commission for Health Certifying Agencies and the Corporation for Community College Television—Doctor of Letters.

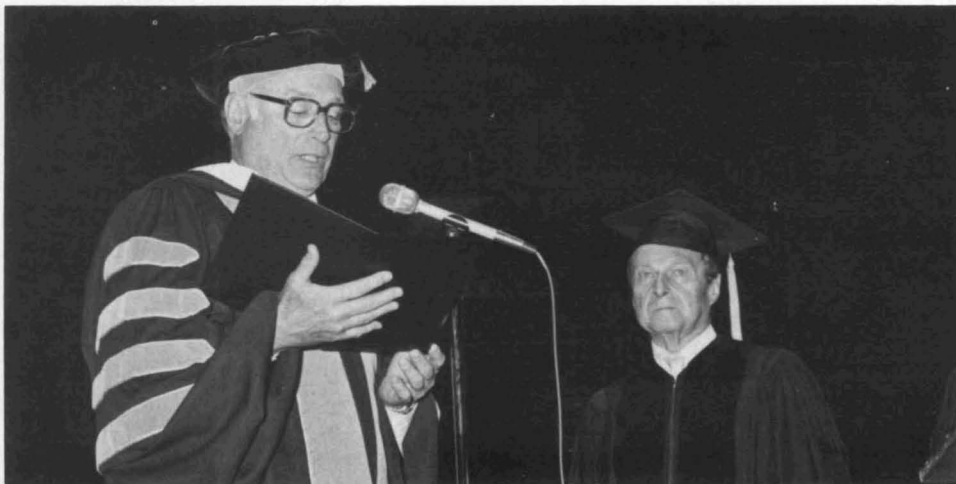


The Thomas Jefferson University Mace, carried for the first time in the 1986 Commencement Ceremonies by Grand Marshal Robert J. Mandle, Ph.D., Professor of Microbiology, was designed by Howard Serlick, member of the Guild of Mastercraftsmen, Winterthur Scholar and Chief Conservator (Gilding) of the Historical Society of Pennsylvania. It was crafted by silversmith Eugene Zweigle and woodturner Michael Copeland.

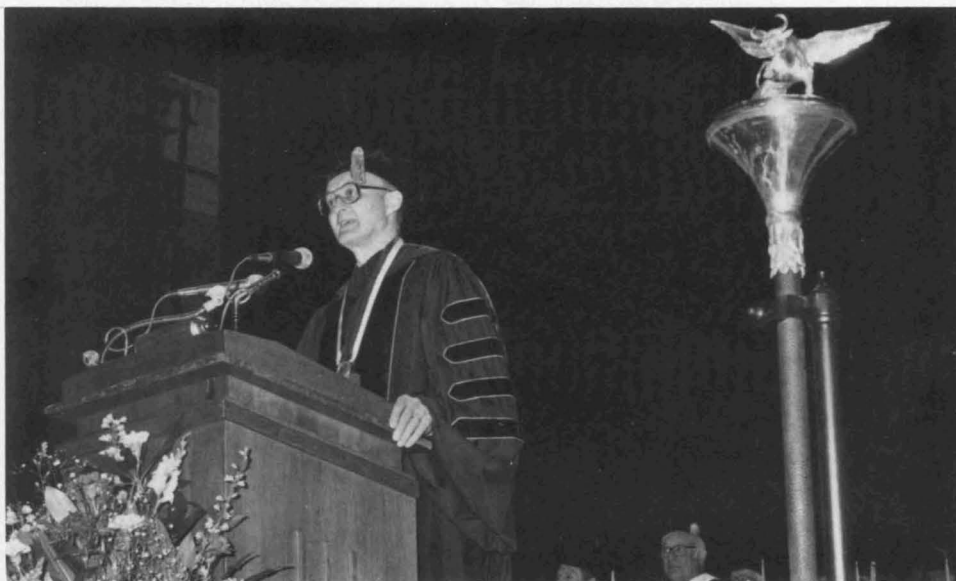
The four-foot long, fourteen-pound Mace is made of ebony highlighted with lapis lazuli to reflect Jefferson's colors (black and blue). It features a miniature of Henry Mitchell's sculpture, the Winged Ox, symbol of Saint Luke the Physician, the original of which stands besides the Scott Building on Walnut Street. The miniature was cast in silver by Mr. Zweigle, who also fabricated the University seal, the profile of Thomas Jefferson, mounted at the base of the staff. The J. E. Caldwell Company coordinated the project.

Mr. Mitchell's original statue of The Winged Ox, adopted by the University in 1976 as its symbol of clinical excellence, is mounted on a column containing the names of fifty medical scientists who have most advanced the art of healing. It also reflects the historical evolution of Thomas Jefferson University from its beginnings as Jefferson Medical College in 1824 to its current status as an academic health center comprising the Medical College, the College of Allied Health Sciences, the College of Graduate Studies, and the Jefferson Hospital.

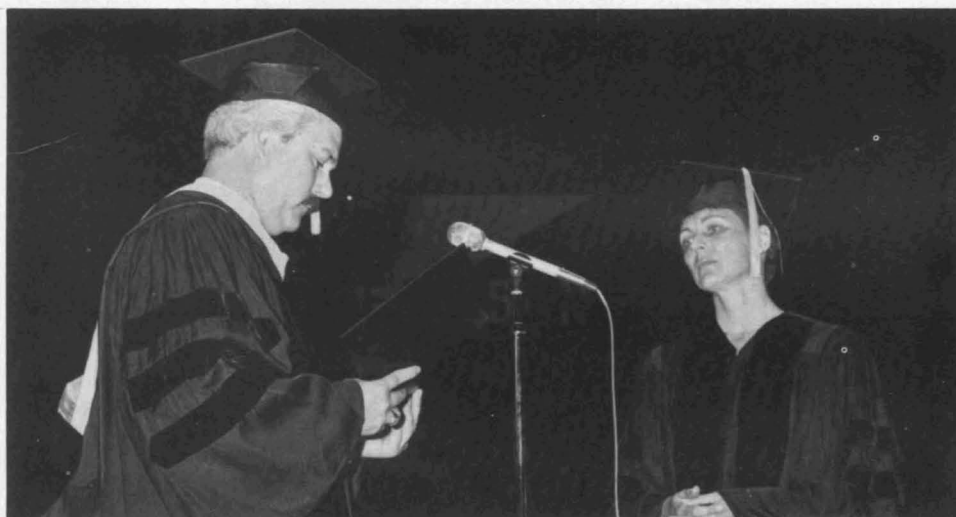
The Mace, a grand emblem of the University's heritage, will be carried at the head of all formal academic processions.



Chairman of the Board of Trustees Edward C. Driscoll reads citation for Hilary Koprowski, M.D., for Honorary Doctor of Letters Degree



With the new University mace displayed for the first time at the Academy of Music, President Lewis W. Bluemle presides at the 162nd Commencement Exercises



Carol M. McCarthy, Ph.D. is presented by Michael J. Bradley, Executive Director of the Thomas Jefferson University Hospital, for the Honorary Degree of Doctor of Science.

honors etcetera

Peter Amadio, Jr., M.D. '58, has been promoted from Clinical Associate Professor to Clinical Professor in the Department of Family Medicine.

Thomas M. Butler, Ph.D., has been promoted from Associate Professor to Professor in the Department of Physiology.

Larry A. Donoso, M.D., Ph.D., has been promoted from Associate Professor to Professor in the Department of Ophthalmology at Jefferson, affiliate Wills Eye Hospital.

Allan J. Erslev, M.D., Distinguished Professor of Medicine, and **Jaime Caro, M.D.**, Associate Professor of Medicine, both members of the Cardeza Foundation for Hematologic Research, presented papers: "Long-term Marrow Cultures from Mice with Busulfan-induced Chronic Latent Aplasia" and "Erythropoietin Production in a Human Hepatoblastoma Cell Line" to the American Society of Hematology meeting in New Orleans in December.

Charles Fineberg, M.D., Professor of Surgery, has been appointed Chief of Surgical Services at the Wilmington Veterans Administration Center. Dr. Fineberg, who has spent 36 years at Jefferson, will join the fulltime surgical staff at the University and head the largest teaching service at the V.A. Hospital. Dr. Fineberg is Board Certified in both General and Thoracic Surgery; he had been Chairman of the Department of Surgery at Daroff Division, Albert Einstein Medical Center, and has been Director of Thoracic and Vascular Surgery at that institution since 1968. On the Advisory Committee of the American College of Surgeons, he is a Senior Fellow of the Philadelphia Academy of Surgery. Dr. Fineberg's first association at Jefferson was as a Surgical Fellow in the Laboratory of **John H. Gibbon, Jr. '27**, working on the development and the human application of the heart lung machine.

Robert J. Gerety, M.D., Ph.D., has been appointed Adjunct Professor in the Department of Medicine.

Dean and Vice President Joseph S. Gonnella spoke at the W. K. Kellogg Foundation Conference in San Francisco on Cost-Conscious Health Services Education, Practice and New Tolls, on the topic: "Improve Disease Treatment and Reduce Costs of Care by Better Identifying Appropriate Timing for Delivering Medical Services." Also in March, the Dean spoke at the American Board of Medical Specialties Conference in Chicago on "How to Evaluate Residents."

The Jefferson Journal of Psychiatry—a Resident Publication, is an innovative form of medical training, according to **Harvey J. Schwartz, M.D.**, Clinical Associate Professor of Psychiatry and Human Behavior, Director of Residency Training and Faculty Advisor to the *Journal*. It is the only national medical journal written and edited by residents, having a circulation of 7000. "The *Journal* focuses on the two main conceptual models of our field—psychoanalytic and psychobiologic psychiatry—and is intended to provide an opportunity for residents in psychiatry to share their creative ideas with residents nationwide," said Dr. Schwartz. Published biannually, the *Journal* is sponsored by Mead Johnson Pharmaceutical Division.

Deborah Lore Jones, M.Ed., has been appointed Associate Director, responsible for planning and development, of the Office of Continuing Medical Education.

Fred D. Lublin, M.D. '72, has been promoted from Associate Professor to Professor in the Department of Neurology at JMC.

Robert J. Mandle, Ph.D., has been named Professor Emeritus in the Department of Microbiology.

Gerard J. McGarrity, Ph.D., Adjunct Professor of Microbiology at JMC, is the fourth recipient of the Distinguished Alumni Award, given by the College of Graduate Studies Alumni Association. Dr. McGarrity, a nationally and internationally known authority on cell culture, is currently acting President of the Coriell Institute for Medical Research in Camden, New Jersey.

Scott Murphy, M.D., Professor of Medicine, Assistant Director of the Blood Bank and a member of the Cardeza Foundation, gave a presentation to the German Society for Blood Transfusion and Immunohematology entitled "Platelet Storage for Transfusion" in Marburg, Germany. Dr. Murphy also gave a presentation, "Essential Thrombocythemia: Report from the Polycythemia Vera Study Group" at a symposium on Humoral and Cellular Regulation of Erythropoiesis in St. Paul, Minnesota.

Thomas Jefferson University has received a \$1 million grant from The Pew Memorial Trust to assist the new Jefferson Institute of Molecular Medicine in recruiting leading teacher investigators. "The Institute is a major initiative to advance research and strengthen teaching in the rapidly emerging fields of genetic medicine and molecular biology at JMC," says **Darwin J. Prockop, M.D., Ph.D.**, the Institute's first Director. Faculty from disciplines ranging from protein chemistry to structural biology will become members of the Institute, a \$10 million undertaking that will eventually involve more than 60 scientists. Dr. Prockop is the recently appointed Chairman of the Department of Biochemistry.

Joseph F. Rodgers, M.D. '57, Associate Dean for Residency and Affiliated Hospital Programs at JMC, attended the American Board of Medical Specialties Conference on "How to Evaluate Residents" and the Association of American Medical College's Management Education Program, "Academic Medical Centers and the Challenges Posed by Alternative Delivery Systems," held in Chicago and Philadelphia, respectively.

Francis E. Rosato, M.D., Samuel D. Gross Professor of Surgery and Chairman of the Department, was recently elected President of the Philadelphia Academy of Surgery, the oldest surgical society in the United States. Dr. Rosato succeeds **Frederick B. Wagner, Jr., M.D. '41**, Grace Revere Osler Emeritus Professor of Surgery and University Historian. Seven of the 10 founders of this Academy were JMC alumni.

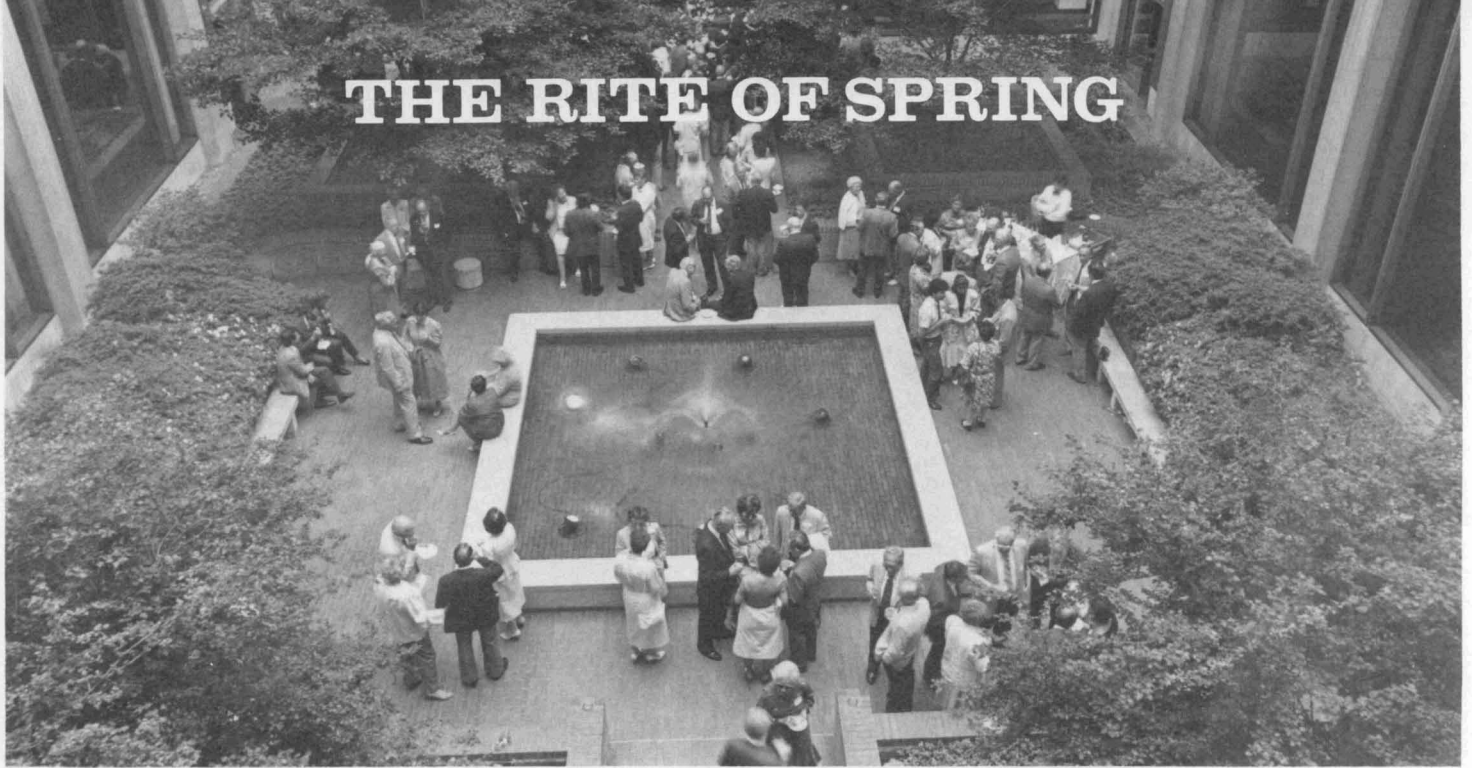
Sandor S. Shapiro, M.D., Professor of Medicine and Director of the Cardeza Foundation, organized and chaired a symposium, "Acquired Anticoagulants," at the 10th International Congress on Thrombosis and Hemostasis in San Diego. Dr. Shapiro also recently presented a paper on "Abnormally High Affinity Platelet Glycoprotein IB—mediated von Willebrand Factor Binding in a Family with Pseudo-von Willebrand's Disease" at the 13th Annual Workshop on Hemostasis, Thrombosis and Atherosclerosis.

Lance L. Simpson, Ph.D., Professor of Medicine, Professor of Pharmacology, and Director of the Toxicology Division in the Department of Medicine (see Winter *JAB*), has been named one of the two Jacob Javits Scholars in neurosciences by the National Institutes of Health. In addition to this honor an additional four years have been added to his research grant, which will now cover seven years, and total approximately \$1 million.

Leopold J. Streletz, M.D., Associate Professor of Neurology; **Ruggero G. Fariello, M.D.**, Professor of Neurology and Pharmacology; and **Patricio F. Reyes, M.D.**, Assistant Professor of Neurology and of Pathology, along with other department members, recently presented a paper entitled "Computer Analysis of EEG Activity in Alzheimer's and Huntington's Disease" and a video demonstration entitled "EEG/Video Monitoring of Infants in Intensive Care Nursery" at the 11th International Federation of EEG and Clinical Neurophysiology meeting held in London.

Carter Zeleznik, Ph.D., Research Assistant Professor of Psychiatry and Human Behavior (Psychology) and Associate Director of the Center for Research in Medical Education and Health Care at Jefferson, has been awarded a grant from the National Fund for Medical Education, sponsored by the Atlantic Richfield Foundation. The grant will support a project called "Clinical Behavior as a Function of Certainty Level."

THE RITE OF SPRING



June third through seventh was scheduled fully with activity, as graduates from years ending in ones and sixes gathered at Jefferson. Over 200 brightly dressed party-goers attended the Welcoming Cocktail Party Tuesday night; beautiful weather had been ordered, and the order came through beautifully.

Bright and early Wednesday morning, any alumni who wanted blood screening tests could be accommodated in the room across from Solis-Cohen auditorium; then way was made for everyone to congregate and hear speakers from the reunion classes, starting with Charles L. Bryner, M.D.

'81, who spoke on the topic, "If There Is a Physician Glut, Why Am I Working 80 Hours a Week?"

The cafeteria was full as alumni and spouses reminisced, met former Professors and were introduced to Department Chairmen. Dean Gonnella and University President Lewis W. Bluemle, Jr., M.D., brought words of welcome and an update on the College. Alumni Association President, Samuel S. Conly, Jr., M.D. 'S44 gave statistics for the graduating class, whose acceptances he had signed four years ago, as Director of Admissions; this year, as President, he had signed their Alumni Membership Certificates.

That evening, nine classes had individual parties to greet old friends on a more intimate basis.

Tours of Fairmount Park Mansions and Continuing Medical Education Seminars were scheduled for Thursday morning, as well as a Financial Planning Seminar. The Alumni Banquet that evening was held at John Wanamaker's Crystal Room. Graduates spanning 55 years, those who have made their mark in medicine and those who are about to, enjoyed the evening. Highlighting the festivities was the presentation of the Alumni Achievement Award to Gerald D. Dodd, M.D. '47, Director of Diagnostic Radiology at M.D. Anderson Tumor Clinic and Hospital in Houston. An award of appreciation was given to John J. Gartland, M.D. S44.

The newest members of the Alumni Association, young men and women dressed in linen suits and brightly colored dresses, sat together at the banquet. These were the proud, black-gowned physicians at Commencement activities Friday morning. Each thinking his or her own thoughts, making separate plans, the graduates seated in the Academy of Music were one body in the profession of medicine. As Jeffrey Kanefield had said, as senior representative at the banquet, "Tonight, no; tomorrow, yes."

CLINIC PRESENTATIONS

Gas: Facts and Fancies

J. Edward Berk, M.D. '36

Of all the complaints referable to the digestive system, none is viewed more lightly or treated more cavalierly than "gaseousness." Woven into the general preception of gaseousness, and undoubtedly influencing its management, are elements of folklore, fancy and misconception.

This presentation proposes to summarize the factual data now available, and from these to indicate rational

approaches to the control of this troublesome and common symptom complex.

The history of gastrointestinal gas is replete with amusing and, in some instances, astonishing occurrences. Thus, Hippocrates, in a treatise appropriately titled "The Winds," described various illnesses that allegedly resulted from too much gas. At one period in the Roman Empire, laws

were passed that prohibited the passage of gas in public places. In presumably more enlightened Elizabethan times, gas-passing was a popular parlor game, practiced even in the court. Some will recall those halcyon days when fraternities flourished on our col-

Dr. Berk is Distinguished Professor of Medicine at the University of California, Irvine.



lege campuses and one of the commonly practiced initiation rites was application of a lit match to flatus expelled by an initiate to see if the gas would burn with a blue flame.

Finally, a bow to the legendary Le Petomane (stage name of Joseph Pujol). This patron saint of what Levitt has dubbed "flatology" (Practical Gastroenterol 1984 Jan/Feb) gained fame at the turn of this century by his ability to inhale as well as exhale gas through his anus. This remarkable talent allowed him to perform such wondrous things as anal renditions of popular tunes and, as the climax of his act, a trumpeting execution of the Marseillaise.

The presence of gas in the gastrointestinal tract is not abnormal. The acts of belching and expulsion of flatus are likewise perfectly natural events. Abnormality obtains when the content of gas in the gut exceeds the normal range, or when the frequency of belching and expulsion of flatus surpasses that in normal healthy adults. The problem is the definition of what constitutes "normal."

Using an *in vivo* washout technique that employed argon and measured the volume of gas washed out at the rectum, Lasser et al. (New Engl J Med 1975;293:524-526) found that the mean volume of intestinal gas in 10 normal adults was approximately 200 ml. Studies based on the collection of gas recovered daily by rectal tube indicate that from 400 to 1200 ml of gas are expelled daily, the amount passed depending to a large degree on the diet consumed and the bacterial population within the gut. Normal subjects on a standard diet only rarely excrete more than 100 ml of gas per hour and expel gas by rectum some 20 to 25 times daily. The latter rate is founded on observations by Levitt et al. (New Engl J Med 1976;295:260-262) in seven normal adults who kept careful records of their experience in this regard for one week. The mean daily flatus passage rate in this group was 13.6 ± 5.6 . Similar observations regarding the frequency of belching in normal adults are lacking.

The composition of intestinal gas var-

ies with the segment of bowel that is sampled. Regardless of the site from which the gas is obtained, however, five gases (N_2 , O_2 , CO_2 , H_2 and CH_4) account for at least 99% of the collected gas.

None of these gases impart an odor. Such unpleasant odor as flatus may have is attributable to other gases that are present in only trace amounts in the gut. In addition, some gas-forming foods harbor sulphur-containing substances that may be metabolized into hydrogen sulfide and mercaptans.

N_2 and O_2 are normally present in the atmosphere in appreciable concentration. When air is swallowed, therefore, these gases enter the gastrointestinal tract. Air may be swallowed directly and by itself or it may be swallowed along with food, particularly when the food is gulped or rapidly eaten. Air may additionally enter the alimentary tract when food is eaten that contains considerable air, such as whipped foods, souffles and carbonated beverages.

CO_2 in the gut arises primarily from interaction between hydrochloric acid and bicarbonate in the duodenum, and from the action of bacteria on fermentable substrates in the colon. CO_2 may also be formed indirectly from the reaction of bicarbonate with organic acids produced by fermentation.

H_2 results from bacterial metabolic processes occurring in the colon. Production of H_2 is most pronounced when ingested fermentable carbohydrates are inadequately absorbed and become exposed to the colonic bacteria.

CH_4 is produced in the human gut solely as a result of the metabolic activity of specific colonic bacteria. Such CH_4 -producing organisms are found in the colon of only one-third of the population and their presence is a familial trait. The bacteria that are capable of producing CH_4 apparently can act on unabsorbed carbohydrate and, as well, on substrates that are endogenous to the gut. Incidentally, it is methane in the gas passed from the anus that burns with a blue flame when a lit match is placed near the anus.

The clinical expressions that are

commonly related to gaseousness are: (1) repeated and exaggerated belching; (2) bloating and abdominal pain; and (3) excessive passage of flatus. Only uncommonly does a patient present all of these symptoms, or even two of these three major expressions.

Belching normally occurs after eating a meal or drinking gas-charged fluids. It becomes abnormal when it is repetitious and inordinately frequent. When individuals with exaggerated belching are examined fluoroscopically during the act of belching, each belch may be noted to be preceded by aspiration of air. It may also be noted that the gastric air bubble does not reduce in size with each belch; indeed, the bubble may actually increase in volume.

The patient who complains of a sense of abdominal bloating and discomfort commonly volunteers that these unpleasant sensations result from "too much gas." That this self-diagnosis is without foundation was clearly indicated by the studies of Lasser et al. (New Engl J Med 1975; 293:524-526). Using the *in vivo* washout technique referred to earlier, these observers found that the volume of gas in subjects complaining of bloating and abdominal discomfort was not significantly different from that in control subjects. The major difference they noted between the controls and the patients was sensitivity of the symptomatic patients to infused argon in amounts that were easily tolerated by normal subjects. In addition, the infused gas tended to reflux back into the stomach in the symptomatic patients. Intestinal transit time of the gas in the patients was also longer than in the control subjects. These observations suggest that the abdominal complaints arise primarily from a combination of some disordered intestinal motility and reduced pain threshold rather than from the presence of increased volumes of gas in the gut.

It is important that patients with this complaint understand that belching is clearly associated with air swallowing. They should also be impressed with the fact that induced belching is a futile act that probably adds rather than reduces gas in the upper gastrointestinal tract.

This may be demonstrated by having the patient observe himself or herself in a mirror during the act of belching, noting in particular the precedent swallowing of air. Other maneuvers to impress the patient with the important contributory role of air swallowing is to have him or her attempt to belch while tightly clenching a cork between the teeth, or while the trachea is clamped tightly by the physician.

Bloating and Abdominal Pain

An attempt must be made to explain in the simplest way that these complaints are not due to "too much gas," but arise rather from some peculiar intestinal irritability and dysrhythmia with lowered tolerance to the normal volume of gas present in the gut. To combat this apparent underlying mechanism, antispasmodics or drugs that promote motility and forward movement of the gut, such as metoclopramide (Reglan), would seem rational. Yet, clinical experience indicates that even when seemingly helpful, the beneficial effects of such agents are generally transient. Indeed, there is no therapeutic regimen that has proved to be uniformly successful in patients with these distressing symptoms. For the most part they remain a discouraging but challenging therapeutic problem.

Many of these unfortunate patients harbor great concern about having serious organic disease, especially cancer. Reassurance that no organic disease exists is hence an important part of the total therapeutic approach. Just as is true of medicinal therapy,



Dr. Berk

however, reassurance fails all too often to remove the concern or abolish the symptoms.

Excessive Flatus

Some reduction in the formation of gas in the gut may follow the administration of antacids to reduce the hydrochloric acid load reaching the duodenum. The amount of gas formed may also be reduced to some degree by charcoal, a time-honored antiflatulent. Simethicone (Mylicon) has been shown by breath testing to have little effect at best on gas formation in the

gut. The ineffectiveness of this preparation, especially as Mylicon-80, may be in part due to the presence in each tablet of cereal solids and lactose.

The most effective means of diminishing gas formation responsible for excess flatus is to reduce the quantity of fermentable substrate that may reach the colon. To this end, the use of a lactose-free diet is advisable, particularly in recognized lactase-deficient patients who are troubled by milk and milk products. Yogurt may be tolerated, however, because of the presence in this food substance of lactase arising from the organisms that it contains.

Wheat and oat flours should be avoided because they are incompletely absorbed in the small intestine. Rice and gluten-free flours, however, are well absorbed and may be used instead.

Certain other food items should also be proscribed because they have in them components that encourage gas formation in the colon. Beans, a notorious gas-forming food, contain oligosaccharides, notably raffinose and stachyose, that resist enzymatic breakdown in the small bowel. Poorly digested elements are also embodied in cabbage, cauliflower, corn, cucumber, brussels sprouts, onion, turnip, soy bean and radish, among the legumes, and in melons, raw apple, and avocado, among the fruits. Hence, these foods should similarly be removed from the diet or their consumption sharply reduced.

The use of antibiotics, such as neomycin, directed at reducing colonic bacteria that contribute to gas formation, has not proved effective.

Gastrointestinal gaseousness commands the respectful attention of the clinician if for no other reason than the frequency and distressing nature of the symptoms ascribed to it. The factors that contribute to the production of these symptoms, and to excessive gas formation in the alimentary canal, are many and variable. Careful consideration of the underlying mechanisms and search for the elements that may encourage gas formation in the gut are essential for proper understanding and reasonable treatment of this important clinical condition. □

TABLE
Composition of Bowel Gas

Site	N ₂	O ₂	CO ₂	H ₂	CH ₄
Stomach	70% - 95%	10% - 20%	1% - 10%	0	0
Duodenum	30% - 80%	2% - 10%	5% - 10%	0	0
Colon	20% - 80%	1% - 2%	5% - 40%	1% - 30%	1% - 15%

From Levitt, M: Gastrointestinal Gas and Abdominal Symptoms. Part I. Practical Gastroenterology 1983 (Nov/Dec); 7:7.



Dr. Bryner and his wife, Janice

If There is a Physician Glut Why am I Working Eighty Hours a Week

Charles L. Bryner, Jr., M.D. '81

When I was first notified that I was to speak as the representative of the class of 1981, I went through stages somewhat akin to those described by Elizabeth Kubler Ross. The first was denial. They couldn't mean me. What did I know? Didn't all those numerical scores they gave us the first two years here mean anything? Had they confused me with Scott Brenman who sat right next to me?

The second was anger. Do they realize how much time it takes to prepare a talk like this? Why did I ever

send in that dumb reply card. Then I knew. It's a test to see if I have gotten any smarter since graduation. I wouldn't put up with it!

Then I suffered an injury that left me flat on my back and I entered the bargaining phase. "OK, God, just get me back on my feet and I'll do it." As you can see, it worked and I come here today in full acceptance.

Then came a phase that Ms. Ross never mentions, Outright Panic. Remember that day we received our medical diplomas? One thought went

through everybody's mind as we left the stage. "There must be some mistake. I don't know anything yet!" That thought recurs the first night on call, the first day in the ICU, the last day of internship and again as we completed our residencies and became staff physicians. It happened to me once again when I was called to speak here this morning. Now I had to research some topic interesting enough to all but easily covered in 12 minutes.

My title selection, "If There's a Physician Glut, Why Am I Still Working 80 Hours a Week?" was obviously tongue-in-cheek. When I realized that it had been selected on that basis, I now had to come up with an equally witty topic. When I was told that I was to be the lead-off speaker for the 1986 reunions, the pressure intensified as I realized that no one would yet be asleep in the auditorium.

At first I thought I'd talk of all the things I have learned since leaving Jefferson. Things they never taught us here like never trust a naked baby. Or perhaps I could briefly discourse on the fine art of disappearing from hospital committee meetings. I next considered addressing the unanswered questions of medicine such as, if there is a physician glut, why *am* I still working 80 hours a week. Or who is sending my name in to all those journals that the postman delivers? Or why do all the presenters at Tumor Board say sauntimeters when they don't say they chipped in 25 saunts for their cup of coffee.

As some of you may have noticed, I work for a very large HMO called the Navy. I couldn't attempt to compete against the headlines we've gotten over the past two years so speaking about military medicine was out.

Then, I recalled a parable I had read a few years ago during my training. It is from a book entitled *High Level Wellness* by Donald B. Ardell. It is "A Contemporary Parable: Upstream/Downstream."

"It's been many years since the first

Dr. Bryner, a Lieutenant Commander, is a staff physician at the Naval Hospital in Newport, Rhode Island.

body was spotted in the river. Some old-timers in Downstream remember how spartan were the facilities and procedures for managing that sort of thing. Sometimes, they say, it would take hours to pull ten people from the river, and even then only a few would survive.

"Though the number of victims in the river has increased greatly in recent years, the good folks of Downstream have responded admirably to the challenge. Their rescue system is now clearly second to none: Most people discovered in the swirling waters are reached within 20 seconds—many in less than ten. Only a small number drown each day before help arrives—a big improvement from the way it used to be.

"Talk to the people of Downstream and they'll speak with pride about the new hospital by the edge of the river, the flotilla of rescue boats ready for service at a moment's notice, the comprehensive health plans for coordinating all the manpower involved, the large numbers of highly trained and dedicated swimmers always ready to risk their lives to save victims from the raging currents. Sure it costs a lot, but, say the Downstreamers, what else can decent people do except to provide whatever it takes when human lives are at stake?

"Oh, a few people in Downstream have raised the question now and again, but most folks show little interest about what's happening upstream. It seems there's so much to do to help those in the river that nobody's got time to check how all those bodies are getting there in the first place. That's the way things are, sometimes."

The ever-growing number of doctors, sub-specialization and the rapid growth of medical technology have in part led to an ever-increasing expenditure on medical care. Currently about 11¢ of every dollar spent in this country is spent on medical care. And now, the Graduate Medical Education National Advisory Committee says there will be even more of us: a surplus of 60,000 doctors by 1990 growing to 170,000 by the year 2000. This will surely perpetuate the cycle. At the

same time let's mix in the already existent surplus of lawyers and today's liability crunch with skyrocketing malpractice claims and insurance premiums. Toss in the threat of linking state licensure to Medicare acceptance and the failure of tort reforms to date. Sprinkle generously with increased competition and the commercialization of medicine. Discuss ethical dilemmas such as withholding life-sustaining treatment in irreversible disease or allowing the economic pressures of business interests to ration availability of high-cost care.

Ignore the alternatives of patient education to reduce inappropriate use of high-cost urgent care centers and emergency rooms. Don't teach people when they do, and more importantly, do not need to see a physician. Fail to make preventative medicine a true priority of all aspects of medical care. Continue using 50% of all our medical expenditures to treat less than 5% of the sick. Spend \$40,000 to treat a low-birth-weight baby rather than \$4000 to give proper prenatal care to its mother. Watch insurance companies pay \$60,000 to treat advanced breast cancer rather than a fraction of that amount to fund the mammograms that would have caught it earlier. Listen to the American public who continue to drink, smoke and eat too much under our watchful eye. While we're all willing to remind new parents of the need to use child restraints, we ignore our job to teach the parents to use their own seat belts. We spend our dollars building artificial hearts rather than preventing heart disease. This is no more of an answer to the problem than were artificial lungs for polio. We're a bit like Mickey Mouse in *Fantasia* who knew enough to start the brooms to carry water but couldn't stop them. I hope that the friendly sorcerer comes home soon. Things are getting out of control.

All this and it's no wonder that it's not uncommon to hear physicians express disappointment with today's practice of medicine. Even physicians as young as I do not seem to look to the future with optimism.

We stand at the beginning of our

careers, at the beginning of a new era in medicine. An era in which an alphabet soup will soon control us as physicians — letters like: IPA, HMO, PPO and DRG. It's an unstable future physicians have in part brought upon themselves. We mourn the loss of our perception of medicine's "golden age." It is tempting to allow ourselves to believe that these sentiments are unique to our age and the current political interferences and economic considerations we face. This is not so.

I recently came across an essay which directed me to a book of essays by Harvey Cushing. The particular essay that was quoted was given as the commencement address by Dr. Cushing right here at Jefferson Medical College in 1926. It was a call for renewed devotion of the physicians to their clinical work and the doctor-patient relationship in a day when "science . . . and our knowledge of disease is . . . advancing at a breathless pace." He called for doctors to "break through their educational shells" to become a "splendid surprise." He told the graduating class to prepare themselves for this potential surprise by recalling the Hippocratic Oath, by reading the writings of John Brown and Oliver Wendell Holmes, and by reading of the lives of great physicians; because, "the qualities that really count in this world . . . are quite beyond measurement by scales, tape, or mental tests, quite beyond rating by any known system of examination."

Cushing ended his address by quoting Stephen Paget: "What call had I to be a doctor? I should have done better for myself and my wife and the children in some other calling . . . For, if a doctor's life may not be a divine vocation, then no life is a vocation, and nothing is divine."

It was no easier for them. There never was a "golden age" of medicine. We have the chance to make one if only we can meld our stubborn devotion to the needs of people with a touch of Copernicus and look at things from a different point of view. Perhaps if we all swim just a little upstream, we can, and will, enter the "golden age." □

Advances in Anesthesiology

Joseph L. Seltzer, M.D. '71

The last ten years have seen significant advance in anesthesiology in terms of new drugs, advanced monitoring, new techniques and personnel. All of these have made much more sophisticated treatment a reality and have further moved the anesthesiologists to appropriate roles outside of the operating room.

A number of new anesthetic agents have appeared since 1980 and several more promising drugs should come onto the market in the near future. Inherent problems with succinylcholine have prompted the search for an ultra short acting non-depolarizing agent. Two new non-depolarizing muscle relaxants, atracurium and vecuronium, which are significantly shorter-acting than previously available drugs, have been introduced in the last two years. Atracurium has a unique pathway of elimination which allows rapid degradation of the drug in the absence of hepatic or renal function. This increases the safety of its use in the sickest of patients. Neither of these drugs is a replacement for succinylcholine. Other new muscle relaxants are in clinical testing with release still being several years away.

As a medical student, I studied about inhalation anesthetics such as ether and cyclopropane. These have long since

left the scene. Since the early 1970's, halothane and enflurane were the inhalational anesthetics used the most. In 1980, isoflurane, an isomer of enflurane, became available. Isoflurane has superior cardiovascular and metabolic properties compared to enflurane and seems to be replacing enflurane in clinical use. Halothane remains unique in several respects and will continue to be used for some time to come.

Since the late 1970's, several new narcotics with both agonist and antagonist properties have appeared. The concept of pain relief with minimal respiratory depression is very appealing. However, it seems these drugs also have ceiling effects on analgesic properties which limits their use in anesthesia. Sufentanil, a new potent narcotic with only agonist properties, has recently been released. It is related to fentanyl which had become the standard narcotic in anesthesia over the last ten years. While sufentanil has some advantages over fentanyl, the next member of the family, alfentanil, may develop into a significant step forward. Alfentanil, which should be available within six months, has a short duration of action. This short duration is considered by many in anesthesiology to be an advantage because it allows greater controllability. Alfentanil can easily be used for continuous infusion which has certain pharmacokinetic advantages. Infusion of a short acting narcotic would allow high blood levels of nar-

cotic during anesthesia with rapid awakening at the end of surgery.

The short acting non-depolarizing muscle relaxants would also lead themselves to continuous infusion. In fact, with the development of easy to use infusion systems, continuous infusion intravenous anesthetic techniques may become extremely popular. Prototypes of such easy to use systems are presently being evaluated. The employment of such infusion systems makes pharmacokinetic sense.

Great advances have been made in monitoring the surgical patient. The popularity of the pulmonary artery catheter in anesthesiology over the last ten years has markedly improved the operative care of the critically ill patient. The ability to measure filling pressure and cardiac output, and to calculate systemic vascular resistance allows the anesthesiologist to maximize the patient's condition through the proper choice of anesthetic agents and adjunctive cardiovascular drugs. Indeed, the popularization of intravenous nitroglycerin in the surgical population was an outgrowth of this type of extensive cardiac monitoring performed by anesthesiologists. Pulmonary artery catheters have advanced even further, atrial and ventricular pacing is possible, giving the anesthesiologist greater hemodynamic control of the patient. Through a fiberoptic system, incorporated in the catheter, mixed venous O_2 can be continuously monitored. Noninvasive technology is also rapidly advancing. Continuous cardiac outputs using a doppler system attached to an esophageal stethoscope is now commercially available. This allows the anesthesiologist to follow the changes in a patient's cardiac output during surgery without the insertion of a pulmonary artery catheter. Oxygen delivered to tissues can now be measured in a noninvasive manner in all surgical and intensive care patients using pulse oximetry. As these devices are introduced into all operating rooms, unrecognized hypoxia during surgery should never again occur. As operating rooms add monitors of end tidal gas concentrations, the adequacy of ventilation can be measured noninvasively in a

Dr. Seltzer is Professor of Anesthesiology and Chairman of the Department at Jefferson.

breath-to-breath fashion via end tidal CO₂ concentrations. Also, the concentration of anesthetic agents can be determined allowing more precise control of the anesthetic. Present available technology for gas analysis include mass spectrometry and individual units using infrared analysis.

The anesthesiologist's involvement in postoperative care of patients has increased significantly in the last ten years. Critical care services offering consultation in postoperative ventilatory and hemodynamic problems are part of most major anesthesiology departments. Surgical pain can now be controlled in a very satisfactory manner with techniques such as epidural narcotic injections, intrapleural local anesthetic administration and patient controlled intravenous narcotic systems. I believe that epidural narcotics will become very popular in the future as newer narcotics are used by continuous

infusions. There have been advances in the management of chronic pain states. The use of guanethidine in intravenous regional blocks has proven effective in many cases of otherwise refractory reflex sympathetic dystrophy. While still considered an investigational technique, this will eventually benefit many patients.

The final area of advancement is in personnel. Anesthesiology has become an extremely attractive specialty for American medical school graduates. I believe that the technological advances made by the specialty is in a large measure responsible for the specialty's popularity. Anesthesiology is now a "high tech" specialty which is very attractive to a "high tech" generation of medical students. Not only are more medical students entering anesthesiology, but an increasing number of physicians are taking anesthesiology residencies following completion of other

training programs such as internal medicine and pediatrics. In 1980, there were 2522 anesthesiology residents in the United States, 35% of whom were foreign medical graduates. In 1985 there were 3931 anesthesiology residents of which 14% were foreign medical school graduates. Also, the number of anesthesiologists seeking advanced training has increased in the last five years. The increased complexity of this specialty has led the American Board of Anesthesiology to require an additional year of training from all residents starting after May 1986.

The advances that have occurred in the last ten years in pharmacology, techniques, monitoring and personnel have moved anesthesiology forward. I believe this progress will continue at a more rapid pace in the future with our patients receiving the ultimate benefits in the form of improved care, both at Jefferson and across the country. □

Operative Choices in Morbid Obesity

Harvey J. Sugerman, M.D. '66

Morbid obesity has been clearly shown to be associated with many serious medical and psychological problems as well as a significant decrease in life expectancy. Behavioral modification and dietary programs are usually only temporarily successful, as recidivism with weight regain occurs in almost 95% of individuals. Surgery for

morbid obesity was initially achieved with the jejunoileal (JI) bypass operation in which 90% of the small intestine was bypassed. This bypassed intestine was then drained into the large bowel, usually the transverse colon. Although an effective procedure for weight loss, it was associated with an unacceptable number of complications, some fatal, including cirrhosis, interstitial nephritis, bypass arthritis, recurrent kidney stones, bypass enteritis, electrolyte imbalance, etc. Most of these complica-

tions appeared to be secondary to bacterial overgrowth in the "blind limb" of intestine.

Gastric procedures for morbid obesity were initially proposed 20 years ago and include various types of "gastroplasty", in which the stomach is partitioned into a very small and a large pouch connected by a small stoma and the "gastric bypass" (GBP) procedure, in which the stomach is stapled completely shut and a Roux-en-Y limb, or loop of jejunum, is anastomosed to the proximal gastric pouch.

Gastric Bypass vs. Vertical Banded Gastroplasty Previous studies have found that the gastric bypass was a more effective procedure for weight loss than a gastroplasty. This was often attributed to mechanical problems of the gastroplasty procedure such as stoma or pouch enlargement. More recently, the vertical banded gastroplasty (VBGP) has been proposed, which is characterized by a vertical 50 ml pouch and 1 cm diameter stoma, reinforced with Marlex mesh. In a randomized, prospective trial we compared the VBGP to a Roux-en-Y gastric bypass. Twenty patients underwent

Dr. Sugerman is the Davis M. Hume Professor of Surgery at the Medical College of Virginia.



Dr. Suger



Dr. Seltzer

each procedure. Randomization was stopped nine months after the trial was started, when a significantly ($p < 0.05$) better loss of excess weight was noted with the GBP than VBCP. When all patients had reached one year since surgery, the difference had become even more significant ($p < 0.01$) with GBP patients having lost $68 \pm 17\%$ of excess weight vs. VBCP who lost $43 \pm 17\%$ of excess weight. The difference was similar at two years, $67 \pm 20\%$ for GBP and $41 \pm 18\%$ for VBCP.

Sweets Eaters vs. Non-Sweets Eaters
It was noted that several patients did extremely well after their VBCP; whereas, others did very poorly, having lost very little weight. Upper gastrointestinal radiographic series (UGI) and/or endoscopy revealed that only one VBCP patient had disrupted the staple line. The reason for failure appeared to be the ability of VBCP to tolerate high calorie carbohydrate beverages (Coca-Cola, milk shakes, Kool-aid, etc.) and candy; whereas, GBP patients developed nausea, flushing, light-headedness, and diarrhea with the ingestion of sweets, i.e. the dumping

syndrome. Thus, at one year GBP patients who were identified by our dietitians prior to surgery as being addicted to sweets lost $69 \pm 17\%$ excess weight in contrast to a similar group of sweet eaters who underwent the VBCP who lost $36 \pm 13\%$ ($p < 0.0001$). It has subsequently become our policy to perform VBCP on our "gorgers" and GBP on our "sweets eaters".

Proximal vs. Distal Gastric Bypass
We have noted that approximately 12% of our GBP patients fail to lose more than 40% of their excess weight, despite an intact stoma and staple line. These patients were noted by our dietitians to be our "junk food nibbleholics", with the frequent ingestion of small amounts of pretzels, potato or corn chips, popcorn, etc. These patients probably need a combined restrictive and malabsorptive procedure. We are currently offering this small subset of patients a "distal gastric bypass", which is a modification of the bilio-pancreatic bypass procedure developed by Scopinaro in Italy and currently the most popular operation for morbid obesity in Europe. In this

procedure, a small stapled gastric pouch is created which is usually larger (200 cc) than the gastric pouch with the standard proximal gastric bypass (50 cc). The small intestine is transected 2.5 meters from the ileocecal valve and anastomosed to the gastric pouch. The bypassed, proximal small intestine is reconnected to the ileum 0.5 meter from the ileocecal valve. In this manner, the amount of food ingested is partially restricted and most of the food that is eaten passes down the small intestine, mostly undigested and unabsorbed, until 0.5 meter from the cecum at which point it meets with bile and pancreatic juice where digestion and absorption occur. In Europe, this procedure is performed with a subtotal distal gastrectomy because of the fear of gastric acid hypersecretion in the bypassed stomach. We have found that acid and gastric secretion remain quite low, obviating the need for gastrectomy.

Complications We have performed more than 450 procedures with a 1% early and a 1% late mortality. This includes 70 patients with the Pickwick-

ian Syndrome who have undergone surgery with a 3% mortality. Most of the late deaths occurred in patients with severe cardiovascular disease. Ten percent of our 75 VBCP patients have developed stomal stenosis. Three of these patients have required conversion to GBP because of the failure of endoscopic dilatation. Five other VBCP have been converted to either proximal or distal GBP, because of inadequate weight loss. Of 210 proximal gastric bypass patients, 20% developed stomal stenosis (all responded to endoscopic dilatation) and 8% a marginal ulcer (all but one responded to an H₂ blocker). Of greater concern, GBP patients have a significantly greater risk of Vitamin B₁₂ and iron deficiency anemias, both of which usually respond to supplemental oral therapy. The distal gastric bypass should theoretically have all of the proximal GBP risks (i.e. stomal stenosis, marginal ulcer, B₁₂ and iron deficiencies); however, we have not yet seen one of these complications in our 12 patients who have had the procedure, but it is too soon to know the incidences of these complications. The distal GBP will, however, have an additional risk of protein deficiency since there is limited exposure to the proteolytic enzymes.

This can usually be overcome with supplemental oral Pancrease.

Conclusion In conclusion, several gastric operations have been developed for the treatment of morbid obesity: the vertical banded gastroplasty (VBCP), the proximal gastric bypass (P-GBP) and distal gastric bypass (D-GBP). We have found that these operations should be selectively recommended for patients whose eating patterns are: gorger (VBCP), sweets eater (P-GBP) and junk food nibbler (D-GBP). These patients are almost invariably thrilled with their loss of appetite following surgery, as well as the disappearance of their addiction to sweets. In our experience, significant weight loss has cured: the Pickwickian Syndrome (obstructive sleep apnea and/or obesity hypoventilation syndrome), adult onset type II diabetes, hypertension, venous stasis ulcers, stress overflow urinary incontinence, gastroesophageal reflux, pseudotumor cerebri, menstrual irregularity, infertility and hirsutism. It has markedly improved the patients' psychological and marital status, including self-image, acceptance by peers and employability.

We are currently evaluating the newer "gastric bubble" for the treat-

ment of morbid obesity and comparing it to surgery.

Based upon our data, as well as the surgical literature, it is my hypothesis that patients will be able to drink sweet liquids and nibble around the bubble. Furthermore, when the bubble is taken out after one year, it is most probable that these patients will regain their lost weight, as in our patients who disrupt their staple line or have their JI bypass taken down. The "gastric bubble" treatment modality requires urgent validation since it has become so popular. It may certainly have a place in treating patients with severe cardiovascular disease or pulmonary insufficiency to get them into better shape for a definitive surgical procedure.

The data is overwhelming that morbid obesity is an inherited disease and is probably not a result of excessive oral dependency. Nonsurgical treatment will depend on determining the biochemical basis for the problem, with the hope that pharmacological therapy can be developed. The different operative procedures are probably releasing gut hormones that allow the development of satiety or the avoidance of sweets. At this time, surgery is the only proven effective treatment for patients with morbid obesity. □

The Changing Face of Medicine

Vincent J. McPeak, Jr., M.D. '51

Most of the topics presented at the Reunion Clinics are of a scholarly nature and rightly so. The reunion activities are held in the midst of an academic setting and, for most of us, our education as physicians began here. We continue to add to our knowledge through the distinguished efforts of the Jefferson Community.

This presentation is admittedly not academically oriented. What I would like to offer is my personal views of the events that have occurred over the past few years that have changed the face of medicine, how physician-patient relationships have changed and

Dr. McPeak is Chairman of the Department of Obstetrics and Gynecology and Director of Medical Affairs at Holy Redeemer Hospital and Medical Center in suburban Philadelphia.

how we might best respond to some of these changes. It might seem odd or even presumptuous that one of the predominant themes of my talk is education. Speaking about education in a medical school environment is probably somewhat akin to carrying the proverbial coals to Newcastle but I believe my comments are appropriate.

My opinions have been formed in the context of 35 years of work in community hospitals. For the greater part of this time my activities were confined to the clinical practice of obstetrics and gynecology (what specialty has had greater changes?); for the past three years I have held a full-time administrative position as Medical Director of a 300 bed community hospital. Having now been on "both sides of the fence," my concepts of the problems in medicine have been somewhat tempered by the economic and social stresses that have affected us.

What are the events that have changed the face of medicine? No list could ever be considered complete and I am quite certain that everyone could add to mine. However, I think we can generally agree that the following are, at the very least, major forces in producing the changes we have all seen: Liability Problems, Prospective Payment System (P.P.S. & DRGs), Uncompensated Care of the Indigent, Ethical Problems and Home Care Services.

Liability Problems

You are all familiar with the liability crisis today. Nowhere is this more evident than in obstetrics and gynecology and it was one of the principal reasons for my leaving clinical practice. Although the economic aspects of the liability situation are formidable, there is another aspect of the problem that may be even more serious — the development of an adversarial relationship between physician and patient. This represents a radical change in the practice of medicine and it was, in all honesty, a very difficult adjustment for me.

The figures quoted by the American College of Obstetricians and Gynecologists indicating that 12.5% of the Fellows had given up the practice of

obstetrics in 1985 and that 55% of that group are age 55 or younger are no myth. It is quite clear that we are losing many of our more experienced and competent practitioners. If medical care were getting worse, the liability crisis would not be surprising, but infant and maternal mortality has been declining while liability premiums have increased at astronomical rates. Similar comparisons can be drawn in other medical disciplines.

What is the solution? Obviously there is no single answer but no progress will be made without education and increased political activity. Education of patients and anyone else who will listen and vote is imperative. Patients must realize that the problem affects everyone — not just physicians. The level of political activity by physicians must be increased. We must stop depending on the "other person" to do it. In Pennsylvania at the present time, two bills are under consideration. One (SB-1513) should be opposed; the other (HB-2230) has the support of organized medicine. How many physicians have taken the time to personally contact their senator or representative to make their views known? This type of effort has been sadly lacking in the past. The same cannot be said of trial lawyers.

Prospective Payment & DRGs

When Congress enacted Title VI of the Social Security Amendments of 1983, a Prospective Payment System was included as the method of reimbursement to hospitals for Medicare patients. This was probably the greatest single change in medicine since the inception of Medicare itself. The essential element of Prospective Payment is, of course, the DRGs. The stated intention of the system is to contain health care costs while providing high quality care. There is now accumulated evidence that the system has been an effective cost containment tool; its relationship to quality care is another matter. A profound change that the system has produced is the pressure to treat patients with economics in mind rather than having foremost the well-being of the patient in

mind. How can a physician be comfortable when the actual expenditures incurred by the patient have no relation to the reimbursement received?

Obviously a problem has been created for physicians and hospitals. I believe there are both short and long term aspects to possible solutions. For the immediate future, we must have increased cooperation among all of the partners in health care. Dr. Sammons, in his address to the National Medical Staff Conference in Washington this past October, put it quite clearly — "We must have unity in hospitals between administrators and trustees and their medical staffs if we are to survive the changes that are inevitable If we do not achieve this we will be easy prey for outside forces that will pick us off one by one. As long as the present system is law, all of the partners must cooperate in the interest of survival."

The long term aspects of the problem again involve education and political activity. We must make the effort to educate patients no matter how much time and effort are involved. It is every physician's responsibility — not just organized groups within medicine. We didn't create the inequities found in the prospective payment system — legislators did. We should see that the blame is laid where it belongs. If enough patients come to a better understanding of the problem, they will make their views known to their elected representatives. Patients are voters and legislators listen to votes. We should take a page from the book of the A.A.R.P. Whether you are in empathy with that organization or not, you must admit that they do a superb job of informing and organizing their constituents and their political power is evident to all.

Another facet of the long term solution is cooperation with, and support of, legislators who introduce ideas that do improve the quality of care. We must help legislative leaders find a better way to provide the kind of medical care that is the envy of the world but at a price we can afford. We can no longer simply be opposed to change. If we were concerned only with cost, the task would be easy. If we were con-

cerned only with quality care, it would also be easy. Trying to do both is a formidable challenge but it must be faced.

Uncompensated Care

In a recent article in the *New England Journal of Medicine*, Dr. Arnold Relman pointed out that there are between 30 and 40 million people in the country who have no insurance and cannot afford to pay for the medical service they need, whether these services are in or out of the hospital, emergency or elective. Why should hospitals and physicians be asked to absorb the cost of uncompensated care? It is a social and ethical problem that must be solved at the State or Federal level. Physicians will participate in the care of such patients as they have so often in the past, but to expect physicians and hospitals to shoulder the entire burden is an obvious injustice.

At the risk of being repetitive, the issue will not be confronted unless all health care providers do a better job of educating the public (and legislators) about the magnitude of this problem. How much the taxpayers are willing to pay for more equitable health care is uncertain. What is certain is that uncompensated care is a social, political and ethical problem — not just a medical problem. There are limitations to medical care and the country must decide what it can afford.

Ethical or Moral Problems

The life-sustaining capabilities of modern medicine have produced challenging ethical problems that simply did not exist when the Class of 1951 graduated from Jefferson. There was very little need to educate and train physicians in the recognition and resolution of ethical problems, since the technology that creates many of these issues was not available. Such a fundamental concept as the patient having the right to make decisions regarding his/her own care was rarely, if ever, discussed. We now have an entirely different set of circumstances and a totally different atmosphere. The question that is often asked now is "Should

a procedure or treatment be instituted simply because the capability is present?" Anyone who has been active in hospital practice has wrestled with the problems of resuscitation orders, withdrawal of treatment orders, evaluation of protocols for brain death, etc. Institutions have responded with the formation of Ethics Committees aided, no doubt, by the promulgation by the Department of Health and Human Services of the final "Infant Doe" regulations. How many individual physicians are still very uncomfortable and anxious about the activities of such committees?

Many of the ethical problems in medicine have been subjected to widespread publicity and detailed analysis. However, one of the issues that has received very little attention is the role of the resident physician and/or nurse especially in the care of the critically ill and dying patient. There are some very difficult questions here and very few firm answers. Is it ever appropriate for resident physicians (or nurses) to decline to participate in the life-sustaining care of patients on the basis of ethical grounds? As Dr. William Winkler pointed out in the *Journal of the American Medical Association*, December 27, 1985, "allowing such an option would challenge the traditional concepts of medical authority where the ultimate responsibility for making decisions has always rested with the attending physician." If such an option is not allowed (and I am not suggesting that it should be), how are we to respond to the potentially serious problems of conscience for residents and nurses?

How can we make progress in these areas? Just as a physician's education in medical disciplines begins in medical school, so must training in ethical problems. Medical schools should include in their curriculum, courses in medical ethics as well as training in the methods of communicating in a meaningful way with the seriously ill patient. Physicians should be encouraged to discuss the ethical ramifications of their treatment decisions and should attempt to establish relation-

ships with the patient (and families) that allow discussion of the patient's wishes regarding life-sustaining care.

Home Care

It is no secret that the influence of the PPS and the attendant PRO's has shortened the period of hospitalization for many patients. Anyone who has even a passing acquaintance with recent statistics is aware that the average L.O.S. for inpatients has declined in all areas of the country. Many of these patients who might have remained hospitalized are now being discharged to home care. It is now fairly common for home care agencies to be responsible for intravenous lines for antibiotics and parenteral nutrition. This type of activity was inconceivable in 1951. In addition, there is a growing body of elderly patients for whom the provision of skilled services may curtail the need for hospitalization. To put the scope of these activities into perspective, I would like to offer some statistics from our own Visiting Nurse Agency operating out of a 300 bed community hospital. The service area encompasses parts of Montgomery, Bucks and Philadelphia counties and extends, in some instances, into areas of South Jersey. The Agency employs over 130 skilled people with 114,000 patient visits per year at an operating cost of approximately \$5,000,000 per year.

In the light of all these circumstances why have physicians not become more involved in the planning and delivery of home health care services? (If anyone doubts the lack of involvement, let me assure you that there are occasional difficulties in obtaining physician signatures let alone getting detailed plans for care.)

The possible reasons for lack of involvement are many and I will mention only a few. It is second nature for many physicians to avoid increasing their load of paperwork if at all possible. Many physicians are not aware of the total number of patient visits or the cost of the services. Some physicians have little knowledge of how home health agencies operate or how they are regulated. Regulation is related to

reimbursement and, in our present milieu, reimbursement is the *sine qua non* of survival. Need I say more?

Once more, education is at least part of the answer. In the past, it wasn't considered important to have a working knowledge of home health agencies. It was not considered a part of a physician's education. With everyone involved in patient care being forced to be cost conscious, all that has changed. Physicians will become more and more responsible for home care, particularly for patients with unstable conditions. Who can doubt that there will be increased litigation especially when the result of such care is less than anticipated? If physicians are to be more responsible, they must become more involved in the issues of home health care and how to use the system for the benefit of the patient.

Just as I believe that the education of physicians in the resolution of ethical problems should begin in medical schools, so I also believe that the curriculum of a medical school should allow time for instruction in the utilization of home health care. I submit that a physician who leaves medical school today without some insight into the operation of home health care facilities is not prepared for the realities of clinical practice in 1986.

Some of the remarks I have made may be interpreted as critical of physicians. If so, it is only because I believe the performance of physicians in certain areas vital to the welfare of medicine can and must be improved. Certainly there can be increased activity in the political arena. Certainly we can do a better job of educating our patients and ourselves than we have done in the past. Certainly we can achieve greater cooperation between all of the partners in the delivery of health care. All of these activities are well within the capabilities of each and every one of us. If we do not make the effort now, future changes in medicine may be more undesirable than those we have already seen and we will, in all probability, experience a further loss in our ability to speak for the patient — the very reason for our presence in the field of medicine. □

Do Urologists Cast For Stones or Troll for Them

Karl R. Herwig, M.D. '61



Twenty Fifth reunion speaker Karl R. Herwig, M.D., right, with classmate Robert R. Conte, M.D.



Vincent J. McPeak, Jr., M.D., right, with classmate Joseph V. Gibson, Jr., M.D.

A few years ago I received a letter from a man about to have a stone removed from his urinary bladder. His letter asked some penetrating and provocative questions:

"How long does a kidney stone have to be in the bladder before the right to life people consider it a living thing?"

"When fishing for a stone on the Pacific Coast, do you people use live bait or a lure?"

"If you catch the stone and it is too small, are you required by law to throw it back?"

"Do urologists cast for stones or troll for them?"

"Do the southern California Indians have any fishing rights to my stone?"

Obviously, the letter writer considered our procedure a fishing expedition. As some of you know, removing urinary tract stones sometimes becomes a fishing expedition, but since our class last convened in 1981, a revolution has occurred in surgical stone therapy. What once was an adventure has become a safe, straightforward and relatively simple exercise.

To appreciate the revolution, some background is necessary. In the United States, urinary tract stones occur at the rate of one to two affected persons per 1,000 population per year. Looked at another way, in a person's life time, there is a 10% chance of developing a urinary tract stone. The magnitude of the problem becomes more meaningful when you consider that most stones occur during the third to fifth decade of life, and cause considerable morbidity during these productive years. Good therapy exists to prevent stones, but when a stone is present and causing symptoms, it needs active treatment.

Before the Industrial Revolution, most urinary stones developed in the

urinary bladder. Because these stones caused symptoms, they were often removed through the perineum by itinerant lithotomists, the most famous being Frere Jacques, of the 17th century. Lithotomists were itinerant because they could not stay too long in one area due to the recriminations from the high mortality rate associated with their procedure. Benjamin Franklin, who suffered from "the stone," died from a ruptured perinephric abscess secondary to an infected renal calculus. Some say the battle of Waterloo was lost because Napoleon was suffering from bladder stone colic and not hemorrhoids, which prevented him from sitting on his horse and overseeing the battle.

The development of safe anesthesia and modern aseptic surgery in the late 19th and early 20th century resulted in the standard surgical procedures for the urinary tract stones we know today. Some are surgical spectacles with intraoperative renal cooling, or even extracorporeal bench surgery. These procedures are not without problems and risks. Ask any urologist his most difficult or frustrating operation and he will remember a stone procedure without hesitation.

Nineteen eighty (1980) dates the beginning of the revolution in surgical stone treatment. Percutaneous renal procedures and ureteronephroscopy were introduced and soon became standard approaches for renal and ureteric stones. At my own institution from 1983-1985, only two open pyelolithotomies and three open ureterolithotomies were performed. In the same period of time, 65 percutaneous nephrolithotomies and an equal number of ureteroscopic stone removals were accomplished. These procedures resulted in less morbidity, shortened hospitalization, and caused little disability to the patient when compared with the open procedures. At the same time these procedures were gaining acceptance, however, another more dramatic form of therapy was developed in Munich, Germany — extracorporeal shock wave lithotripsy (ESWL).

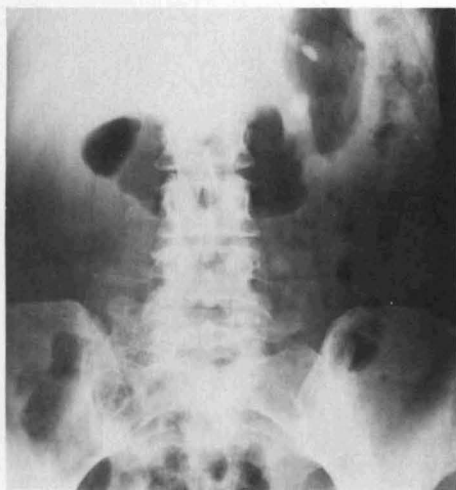
As an example of the application of

a simple physical phenomenon to the clinical practice of medicine ESWL has few peers. Shock waves cause brittle crystal structures to disintegrate; living tissue remains uninjured. Shock waves can be focused accurately. By generating repeated shock waves in a controlled manner; transmitting them through a medium of near equal density, their force can be focused on a stone, causing it to crumble without injury to living tissue.

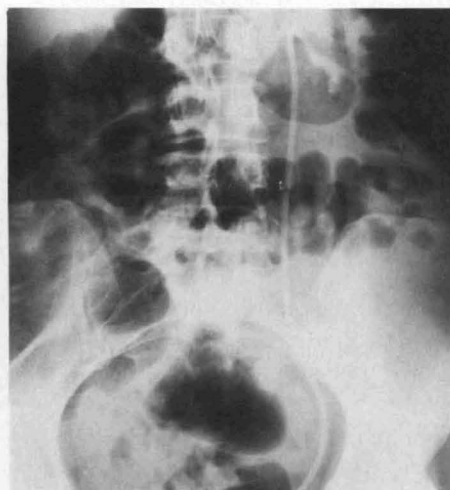
The development, application and acceptance of the shock wave lithotripter in such a short period of time has been an amazing phenomenon in the history of medical therapy. It has been described as a slam-bang development. Simple, effective and uncomplicated one wonders why it took so long to develop! At present approximately 80-85% of all upper urinary tract stones can be treated by ESWL and the remainder treated by combinations of ESWL and percutaneous approaches, thus rendering open surgery almost obsolete.

After obtaining adequate anesthesia, we place the patient on a gantry platform and lower him into a water tub. This ensures that the shock waves will be transmitted through a medium of near equal density. The source of the shock wave is a spark plug in the floor of the tub. We accomplish accurate stone localization at the focal point of the shock wave by using two-axis x-ray fluoroscopes. Shock wave therapy begins after accurate localization. Although the operator presses the release button on the control panel, an integrated electrocardiogram from the patient fires the shock wave. This is done to reduce the potential of cardiac stimulation and arrhythmia formation. The shock, a positive force, is transmitted through the water and living tissue to the focal point, where 90% of the shock wave force is concentrated. Repeated shock waves (800-2500) crumble the stone and the debris passes over the ensuing few days with little or no discomfort to the patient. The entire procedure requires less than an hour and most patients go home the same day. Many can return to work in a few days and suffer little morbidity. Well

Dr. Herwig, Head of the Division of Urology at the Scripps Clinic and Research Foundation, is Clinical Associate Professor of Surgery (Urology) at the University of California, San Diego.



Left renal stones before ESWL



One week after ESWL, stent placed for relative uretero-pelvic junction obstruction. The calculi have broken into small pieces.



One month after ESWL, stent removed, stone debris gone.

over 50,000 ESWL procedures have been performed in the world to this time.

There are very few contraindications to the procedure. Technical limitations of the apparatus in current use include weight over 300 lbs.; height over 6 ft. 6 in., and under 4 ft. 6 in.; and stones too small to visualize with the fluoroscopes. Coagulation disorders, presence of a cardiac pacemaker, pregnancy and severe spinal deformities preventing adequate positioning represent medical contraindications. Anatomic obstruction, non-functioning kidney, untreated urinary tract infections, non-opaque stones and cystine stones are relative contraindications which are overcome by pre-treatment

planning and adjunctive procedures.

There has been very little morbidity and negligible mortality associated with ESWL. Among the complications are perinephric bleeding, cardiac arrhythmia and urinary obstruction. Only urinary obstruction represents a significant complication. The stone debris may form a cast of the ureter, called *stein-strasse*, and cause obstruction of the urinary system. Given time the debris usually passes; however, manipulation by ureteroscopy or percutaneous nephrostomy becomes necessary if symptomatic. *Stein-strasse* occurs in approximately 10% of the patients treated and is more apt to occur with a large stone burden. We attempt to decrease its occurrence by

placing ureteral stents from the bladder to the kidney before ESWL.

The application of ESWL continues to expand as centers gain more experience. As a non-invasive, uncomplicated treatment for urinary tract calculi, ESWL has no equals. In addition, because stones tend to recur, ESWL can be performed repeatedly without evidence of renal or tissue damage.

When we took the Hippocratic oath in 1961, we were admonished not to cut for stones unless specifically trained. By 1981, endoscopic procedures had replaced most open operative procedures for urinary tract calculi. In 1986, however, we no longer cast or troll for stones, we smash them. □



Left renal stones before ESWL



One week after ESWL, stone debris in kidney and along the ureter, Stein-strasse.



Three weeks after ESWL most of debris passed but Stein-strasse still present, patient asymptomatic.

It's Not Over 'till the Fat Lady Sings

C. Robert Jackson, M.D. '56

I find it strange how friendly and familiar these hallowed halls of Jefferson seem 30 years after leaving them. Through the years of medical school, they indeed became very familiar, but only occasionally friendly.

The same is true of that old Jefferson adage which we learned as freshmen, "It's all down hill after the head and neck test." It still has a familiar ring to it, but it also brings back that uneasy, not so friendly feeling that even though we had survived the ordeal of that one exam, we were soon to be subjected to another and another — often more difficult and threatening to our psyches and our membership in the class.

As familiar as these clinics, labs and lecture halls may be, it is the people who imparted the wisdom within these walls who made this place exciting, alive and eventually friendly. Our medical teeth were honed by such outstanding professors as Michels, Ramsay, Cantarow, Hodges, Gibbons, Goodner, Alpers, Herbut, Bennett, Lang, Aponte, the Montgomerys and DePalma. Who could forget men like these? These giants of medicine are one of the main reasons why we still feel such a strong tie to Jefferson and continue in its tradition.

Dr. Jackson is Associate Clinical Professor of Obstetrics and Gynecology at Wisconsin Medical School and Chairman of the Madison Medical Center.

Our class of 1956 was, I believe, one of the more remarkable Jefferson classes. We had talented, bright, young members who have gone on to become leaders in academia, the space program, the pharmaceutical industry, medical politics and clinic organization. We were also a maverick class, choosing not to paint a faculty picture, which was unheard of prior to that time. But in spite of some nonconformity, we were and are very loyal to each other and to Jefferson. That loyalty is exemplified by our participation in alumni affairs and in annual giving. Each year, we continue to be top performers in both the percentage of participation and in the number of dollars contributed.

To be in the twilight of my practice life gives me license to remember the past and to inflict these boastful reminiscences upon you. We, the 30th year reunion class, have been favored with the good times in medicine, having spent most of our lives free of the massive changes that have come with HMO's, malpractice crises and government regulations. For me, the most disturbing change of all has been the adversarial relationship that we now find ourselves in with our patients because of this litigious and merchandising atmosphere. These changes and resulting problems will, perhaps, make it easier for us to retire from medicine.

Yet, even though nearing retirement

age, most of us still feel young and vigorous, even though the mirror would give us away every time. No matter how many tricks we play with clothes, hair rinses, hair growers or sports cars, we have reached a point in our lives which can be difficult. Can we use the same old adage, "It's all downhill after the head and neck test?" I would hope not. Those of us with season tickets to the opera of life look forward to a few more arias. After all, "It's not over 'til the fat lady sings."

The object of this article is to offer one option that might interest you in the next years of your life. My thesis is that most of the premed programs in our undergraduate schools are woefully unaware of the practical aspects of medicine, woefully lacking in depth and innovation, and woefully out of touch with current medical school procedures and programs. Many of the premed programs lack real interest from the faculty advisor and the administration.

At first, I wondered whether it would be worthwhile to try to correct this problem in light of what I felt was a real "down time" for the medical profession. However, after further thought, I concluded that, in spite of the disillusionment that many of us have known, a strong premed program is essential for the making of a good physician and ultimately for the future of medicine. If we are ever to get medicine back into the hands of the physicians and patients and away from business, government and the professional administrators, I feel that we must find and promote those students who are interested in medicine and persuade them to be in the fighting phalanx of the new medical generation. It is my belief, as I am sure it is yours, that medicine is and will be, "where the action is."

With those reinforcing thoughts, I decided that college premed programs could and should be strengthened with physician participation. I was also reminded of a portion of President Reagan's last inaugural address:

"We are not, as some of us have believed, doomed to inevitable decline. I do not believe in a fate

that will fall upon us no matter what we do. I do believe fate will fall upon us if we do nothing. So with all of the creativity at our command, let us begin a new era of national renewal. It does require, however, our best effort and our willingness to believe in ourselves and believe in our capacity to do great deeds."

These statements can be applied to medicine and its future. If we are willing to establish and promote innovative and rejuvenated premed programs, those students interested in medicine will have a better opportunity to get into medical school, to be successful while there and ultimately to become good physicians. Premed students need not only fine professors, excellent facilities and a good scientific base for medicine, but they also need the knowledge of the practical aspects of medicine. They need to become as "street smart" as possible, and who can do it better than those who have already been through it?

Some of the many advantages to having physicians participate in a premed program are:

1. Physicians' understanding of the medical scene is practical and current.
2. Physicians' past experience is a

resource for application to medical school (i.e., private versus public medical schools, location, how many schools to apply to, letters of referral or recommendations, etc.).

3. Physicians can initiate externship programs.
4. Physicians can be available to students on campus imparting the reality of life as a doctor.
5. Physicians can reinforce the premed student's desire to obtain an MD degree and bolster his/her morale from time to time.
6. Physicians can assist the premed advisor in program development.
7. Physicians can be instrumental in soliciting financial help from physician friends of the college.
8. Physicians can help medical schools by identifying certain outstanding premed students — an aspect long overlooked by the medical schools' admissions committees.

With these thoughts in mind, I approached my alma mater, Gustavus Adolphus College, and asked the Vice President of Development about supplementing and strengthening the premed curriculum. He thought the

idea had merit. We then talked to the premed advisor, who was also receptive. From there, I contacted a group of alumni physicians to determine their interest. That led to an investigational meeting where the alumni physicians agreed to proceed with a premed program in which they would participate. The premed advisor then called some premed students together so I could outline the proposed program and receive their reaction. They, too, were very receptive; with that the program was launched. Interestingly enough, the students followed up by starting a monthly premed newsletter.

Following the initial organizational meeting of the alumni physicians, a list of alumni who had gone into medicine was made available by the college. These people were contacted and surveyed regarding this premed program and the proposed medical alumni organization. Their response was positive. The premed students were also surveyed and they replied overwhelmingly in the affirmative.

The first program consisted of four workshops dealing with medical school admissions, the MCAT test, what medical school is really like and what to do with the premed student who does not receive a place in the upcoming freshman medical school class.

These workshops were preceded by a get-together of the faculty, students and physicians. Following registration and hors d'oeuvres, a dinner was served, complete with cloth napkins and a keynote speaker. He was a silver-tongued alumnus, currently with the Mayo Clinic, and his subject was "Medicine Needs You." The workshops were designed to run for an hour; however two of them ran two hours because of student interest. After the workshops, the group reassembled, critiqued the evening and answered any remaining questions.

Plans call for three or four meetings per year, with the physicians participating in various ways. One meeting will be primarily for the physician friends of the college so friendships can be renewed; a prominent speaker will be invited to speak to that group.



Speaker for the class of 1956, C. Robert Jackson, M.D., left, with classmate Irwin R. Fisch, M.D.

This meeting might be in conjunction with Homecoming, Parent's Day or some other campus event.

Future programs will consider bio-ethical decisions, transplant surgery and a tour of the medical schools. Certain workshops will be repeated as necessary, especially those on medical school admissions and MCAT test.

The other major part of this premed program is the externship, which at Gustavus takes place during the J semester in January. Most of the small colleges in Minnesota use this short semester for study of special interest projects at home and abroad. This portion of the program puts participating students in a preceptorial relationship with a physician. They observe alongside the physician in the hospital and his office for ten days. The remainder of the month is spent in one of several hospitals that has agreed to let students be in attendance in the laboratories and other clinical areas. This aspect of the premed program has worked out very well. There has been little trouble integrating the premed student into the physician's daily practice life. The externship experience has also provided an opportunity for the premed students to clarify their expectations about medicine, in some cases actually dissuading some from pursuing a medical career.

What I have just outlined is something that any of you can become involved in, if you desire. The need is great: The premed programs in our colleges are wanting and physician commitment is critical. The program at Gustavus has been very well accepted, and I have received much pleasure and satisfaction from participating in it.

Perhaps it is the memory, familiar and friendly, of myself as a youth on the doorstep of Jefferson that has prompted my involvement in this premed program. Perhaps it is the inspiration, still familiar, now friendly, of the Jefferson faculty who instilled in us a desire for excellence that still seeks expression some 30 years later. Perhaps it is just my reluctance to close the cover on my own story, a story whose major theme has been medi-

cine. So instead of ending my days in medicine with retirement, I begin another chapter.

Each of you will have your own answer to the question of retirement, your own motivations, your own avenues of expression. Most of us have explored the various nonmedical options open to us, but these other vocations seem pale when compared to what we have known as busy physicians. While we are still healthy, active

and mentally capable, let us do with vigor and enthusiasm what we are capable of doing and also search for new ways to contribute.

No matter what reunion class we belong to, time goes much too fast and life does not linger. Reunion time is renewal time. Let us all, in the best tradition of Jefferson, go forward to meet the future. Class of 1956 remember, "It's not over 'til the fat lady sings!" □



Nancy Roberts, M.D., and Scott M. Goldman, M.D. Dr. Roberts was the reunion speaker for '76 and Dr. Goldman the reunion chairman.



Mario V. Troncelliti, M.D. left, represented the class of 1941, here with classmate James L. Garnet, M.D.



Four members of the class of 1946 at the Wednesday morning Clinic Program. From left Sidney Koretsky, M.D., speaker, William H. Baltzell, M.D., reunion chairman, James B. Gilbert, M.D. and Herbert V. Jordan, Jr., M.D.



Jefferson Relationships

At the Dean's Luncheon, Wednesday, June 4, after the Clinic Reunion Talks, Alumni Association President, Samuel S. Conly, Jr., M.D. 'S44, remarked to the audience that in September, 1982, as Director of Admissions, he had reviewed the 3631 applicants for acceptance into the present graduating class of 1986. Of that number, 74 applicants were alumni sons and daughters, 45 were offered admission and 36 matriculated. Sixty-one percent were offered acceptances, as compared to the 12 percent overall rate; 49 percent of the alumni pool matriculated. "This is a good indication," he said, "of the attention alumni offspring receive. But," he added, "although your Jefferson relationship assured careful review, including guidance and counseling, you got in on your own merit."

Alumni parent-graduate combinations in the class of 1986 include: Joseph Baka '59 and son, Joseph J.; Robert S. Boring '57 and son, Steele D.; Vernon F. Bradley '58 and son,

Timothy M.; Matthew L. Schaebler '57 and daughter, Patti J. Brown; Thomas L. Carter '56 and W. Bradford; Joseph M. Corson '47 and Gail R.; George R. Farrell '49 and Melanie Ann; Irwin R. Fisch '56 and Paul J.; John H. Gould '61 and John H.; Leonard J. Graziani '55 and Virginia; Edmund T. Hackman '42 and H. Holly; George J. Haupt '48 and Hans M.; John B. Nevara '60 and Cherie Nevara Johnson; Murray S. Kessler '50 and Dan D.; William Kistler '39 and Sarah E.; Arthur C. Krepps II '57 and Bryan K.; Lewis E. Lehrer '39 and Luisa E.; Wilbert G. Lundgren '56 and Eric C.; Edward M. Magargee '64 and Edward R.; William V. Martinez '52 and William V., Jr.; the late Manus J. McGettigan '48 and Marie C.; Walter M. Shelly '59 and Mark A.; and Claude A. Smith, Sr. '53 and James A.

Some students have broader relationships: Anna Miller Buinewicz' father, Bernard J. Miller '43, husband, Brian R. Buinewicz '85 and brothers Lawrence S. '79 and Stanton B. '80 are all graduates. George P. Cautilli's father, Richard A. '58 and brother, Richard '85; David Cohn's father, Herbert E. '55 and brother, Jeffrey B. '80 and William Phifer's father, Joseph C. '54 and late grandfather, Frank M. '08, are alumni. William J. West, Jr.'s father, William J. '60 and Grandfather, William B. West '32, are alumni.

Mark C. Gillespy's relationships include father, Thurman, Jr. '53, late

grandfather, Thurman, Sr. '07, uncle, William G. '59 and brothers, Thurman III '80 and Albert W. '82. Louis Keeler's grandfather, the late Vincent T. McDermott '26, uncles, Vincent T., Jr. '60 and Joseph Abbott '52, are graduates; his father, Louis L. Keeler, M.D., recently inducted into the Alumni Association as an honorary member, is a member of the Jefferson faculty, Department of Urology.

Holly P. and Vernon W. Pugh III both graduated in June; their father is V. Watson Pugh, Jr. '53. Marcia Haimowitz' brothers, Daniel '83 and Bernard '85 are serving residencies at TJUH.

Several members of the class of 1986 have parents who are graduates and who also serve on the faculty, including Anna Miller Buinewicz' father, Bernard J., in the Department of Surgery; David B. Cohn's father, Herbert E., in the Department of Surgery; Virginia Graziani's father, Leonard J. in the Department of Pediatrics; and Edward R. Magargee's father, Edward M., in the Department of Pathology.

Other students whose relatives serve on the faculty include Melissa Ann Brown's husband, Gary, in the Department of Ophthalmology; Antonie D. Kline's father and mother, Irwin and Tilde, both in the Department of Pathology, and Sarah E. Kohl's father, E. James, in the Department of Orthopaedic Surgery.



Above: Three generations at the Dean's luncheon; graduate William J. West, Jr., with grandfather William B. '32 and father William J. '60. Left: The Gillespy family, father Thurman, Jr., '53, graduate Mark and Elaine Gillespy. Mark also has two brothers, Thurman, III, '80 and Albert '82 and a grandfather the late Thurman, Sr., '07.



Brother and sister graduates, Holly P. and Vernon W. Pugh III, children of V. Watson Pugh, '53.



Above: The Keelers, graduate Louis, Jr., and father, an honorary member of the Association and faculty member. Vincent T. McDermott, '26 was his grandfather. Left: The Miller family; Ethel, graduate Anna, brother Stanton '80, father, Bernard '43. Brother, Lawrence is class of '79.



class notes

1931

William K. McDowell, Box 357, Tarboro, N.C., is "enjoying retirement, playing golf, working in my garden and doing some church work and just loafing."

Anthony S. Tornay, 2038 Locust St., Philadelphia, was honored by the Board of Directors of the Philadelphia County Medical Society for his 50 years of outstanding service to the Society and the community at large. A specialist in psychiatry and neurology, Dr. Tornay has served on the staffs of several Philadelphia area hospitals and also as a member of the Board of Censors of the Society for 32 years, secretary for 14.

1933

John R. Bower, 1669 Garfield Ave., Wyomissing, Pa., retired from the practice of neuro-psychiatry December 24, 1985, after 51 years.

1934

Edward Hoberman, 131 S. Fairview St., Loch Haven, Pa., is semi-retired.

1935

A memorial lecture series in honor of **George B. Craddock**, has been established in Lynchburg, Virginia, where Dr. Craddock practiced internal medicine for 40 years. The distinguished physician died in December, 1985, just six months after receiving an honorary degree from Washington and Lee University, his undergraduate alma mater. Dr. Craddock was a past President of the Virginia Society of Internal Medicine and in 1979 was named Internist of the Year by the Virginia Society of Internal Medicine.

1936

Julius L. Sandhaus, 1909 Marietta Ave., Lancaster, Pa., celebrates 50 years in medicine. "I am still at work as full time Medical Director of Conestoga View, an excellent Lancaster county nursing home."

Oliver E. Turner, 825 Eisenhower Dr., Pittsburgh, was honored in April for his 50 years of service to medicine by the Allegheny County Medical Society. Dr. Turner, a retired internist who specialized in the treatment of chest diseases and diabetes, was affiliated with the Mercy Hospital of Pittsburgh.

1937

Woodrow S. Dellinger, 104 S. Main St., Red Lion, Pa., who has practiced family medicine for 47 years, was honored by the Borough Council for his many years of service and presented Red Lion's 1985 Catherine Meyer Award. Dr. Dellinger served as President of the Red Lion School Board for 10 years, was founder and Charter President of the Red Lion Rotary Club and Founder of the Historical Society. He received the Distinguished Graduate Alumnus Award in 1974, from Lebanon Valley College, where he was Trustee for 18 years.

John R. Ewan, 916 19th St. N.W., Washington, D.C., is "still in private practice after 42 years in Washington."

Milton H. Gordon, Ben Gurion International Airport, Israel, lectured to graduate physicians in the Aviation Medical Certification Program at Wright State University last April on Agricultural Aviation Medicine. "I keep up my flying activities (part of my job): I have an FAA Commission license and a private pilot Israeli license. Besides the usual activities as Chief Medical Officer for Civil Aviation, my special

interest is serial spraying, pesticides, problems of pilots, ground crew, etc." Dr. Gordon's wife, Natalie, is President of the Association of Americans and Canadians in Israel. The Gordons have lived in Israel since his volunteer surgical involvement at the Kaplan Hospital in Rehovot during the Yom Kippur War, 1974.

Mrs. William P. Robinson has established a scholarship at Jefferson in memory of her late husband, who died in January, 1985. Dr. Robinson had been a member of the Ophthalmology, Otolaryngology, Oral Surgery and Dental Department at Nazareth Hospital, Philadelphia, since 1940, and had served on the staffs at Wills Eye and Holy Redeemer Hospitals as well. He was a Fellow of the American College of Surgeons and a Diplomate of the American Board of Ophthalmology.

1938

Paul H. Morton, 1000 Adella Ave., Coronada, Ca., writes that after 48 years he is retiring from practice but his son, **John '74** has taken over. "What a wonderful career I have had! Thanks Jefferson."

Padie Richlin, 19834 100th Dr., Sun City, Az., was honored by the Arizona Committee for the Weizmann Institute of Science in Israel, involved in medical and behavioral research, for "his commitment and dedication" to the committee. Dr. Richlin, a family practitioner who has served on the medical staffs of Boswell Memorial Hospital and Valley View Community Hospital, is with Health Maintenance Associates. "Work is only work if what you're working at isn't work," he said of his fund-raising efforts.

The Seventh John J. DeTuerk Lecture was held on May 28 at Methodist Hospital. **Frederick B. Wagner, Jr., '41**,



Members of the class of 1936 celebrate their 50th reunion at the Cosmopolitan Club on the evening of June 4. The next day at the Union League additional members joined classmates at luncheon.

Twenty-six member of the Class of 1936, all looking trim, celebrated the 50th class reunion in a very festive manner. Many treasured moments were recounted, achievements related, and everlasting friendships renewed. Many of the leading scholars of the class came for the reunion. It was recalled that Nick Varano, John Farmer, Jack Berk, Ed Brogan and John Millington were the scholars who led the way for us in those difficult but exciting years. Al Freeman made us laugh often and John Clancy from Montana with his always beautiful and charming smile and vibrant voice uplifted our spirits through the four years of school.

We learned biochemistry despite the eccentricities of Professor George Bancroft. Jefferson's illustrious Professors J. Parsons Schaeffer, P. Brooke Bland, Edward Klopp and Thomas McCrae imparted us with sufficient knowledge and the proper dedication and philosophy of medicine to make all of us knowledgeable and dedicated physicians.

Harry Singley was the first casualty of World War II and despite the years, recollection of his death brought tears to our eyes. A moment of prayer was dedicated to his memory.

Remarkably, everyone stated that because they had studied medicine at Jefferson, they all achieved happy,

constructive and creative lives. Jack Berk achieved the greatest academic renown in becoming the Distinguished Professor of Medicine at the University of California at Irvine, California, and has produced the voluminous and prestigious *Bockus System of Gastroenterology*. Nick Varano is Honorary Assistant Professor of Urology at Jefferson. My claim to fame was my work with the leprosy patients at Kalaupapa Settlement in Hawaii and my participation in the founding of the University of Hawaii School of Medicine.

The 1936 Jefferson Class Reunion was a memorable milestone in our lives and a wonderful reunion of good friends.

Robert T. Wong, M.D.

The Grace Revere Osler Professor Emeritus of Surgery, spoke on "Samuel D. Gross: The Emperor of American Surgery." Dr. DeTuerk, Honorary Clinical Professor of Surgery at JMC, is former Chief at Methodist.

1939

John B. McNally, 1505 Breese St., N.E., Palm Bay, Fl., is recovering from recent by-pass surgery.

Nicholas E. Patrick, Waverly, Pa., "unretired," is Medical Director of the Scranton Plasma Center and Consultant to Nutri-Diet System.

1940

Robert R. Starr, 1908 Grape St., Denver, hopes he will return for his 50th reunion; he has been retired for five years. "Ruth and I have eight kids and 24 grandkids to keep us 'active.'"

1941

James A. Collins, Jr., Box 22, Riverside, Pa., former President of the American Society of Internal Medicine, is retiring from Geisinger Medical Center after a distinguished career spanning more than 43 years. Dr. Collins' students and colleagues honored him in 1979 by establishing an annual lectureship in his name.

James F. Flanagan, Newark Abbey, Newark, N.J., has entered the monastery after 35 years as an obstetrician and gynecologist. Brother Flanagan is of the Benedictine Order. Having completed a year as a novice, he is preparing for a three-year period of study before taking final vows.

James D. Garnet, Hershey's Mill, 570 Franklin Way, West Chester, Pa., is now fully retired from his practice of OB-GYN (12-1-85). They are both enjoying his being home.

Clyde C. Greene, Jr., 2757 Green St., San Francisco, enjoyed his 45th reunion and seeing Philadelphia again, and was sorry his wife (Jean) couldn't attend with him.

Arthur F. Hoffman, 3619 Harris Rd., Ft. Wayne, In., is "retired, but working part time in a pain clinic atmosphere."

1943

Francis B. Nelson, 275 Orchard St., Westfield, N.J., after 40 years as a family physician, has retired from the practice of medicine.

William H. Whitely III, 900 Summit Rd., Narberth, Pa., has been appointed Honorary Clinical Associate Professor in the Department of Neurosurgery at JMC.

1944S

James Beebe, Jr., 10 California Ave., Lewes, De., has been appointed Honorary Instructor in the Department of Family Medicine at Jefferson affiliate Medical Center of Delaware.

John J. Gartland, Director, Office of Departmental Review, was Visiting Professor of Orthopaedic Surgery at the University of Connecticut June 12-13, 1986. He delivered its annual James W. Williams Lecture entitled "The Changing Orthopaedic Scene."

1945

Benson Krieger, Jr., The Philadelphian, Philadelphia, has been appointed Honorary Instructor in the Department of Family Medicine at Jefferson.

Harold J. Laggner, 614 Lake Dr. W, Smyrna, De., has been appointed Honorary Instructor in the Department of Family Medicine at Jefferson affiliate Medical Center of Delaware.



Louis H. Clerf, M.D., '12, Jefferson's renowned Professor Emeritus, receives a visit from former student Charles L. Liggett, M.D. '544.

John S. Madara, 31 Market St., Salem, N.J., became Medical Director of the Memorial Hospital of Salem County in January, but still practices family medicine three afternoons a week. He was named Honorary Instructor in the Department of Family Medicine of Jefferson.

Victor M. Ruby, 101 S. Montgomery Ave., Atlantic City, was honored in May with an Honorary Doctor of Laws degree at Marietta College's Commencement Exercises. The next week, he became the recipient of New Jersey's first annual Cooper Foundation Distinguished Health Care Professional Award. "I'm very humbled by the fact that I was picked for these two honors," said Dr. Ruby, since 1969 a member of the Atlantic City Board of Education and its current President. Dr. Ruby's two radio programs, "Your Doctor Speaks" and "Sunday Concert Hall," on the air for 32 and 37 years, respectively, are heard over WIIN-AM in Atlantic City and then beamed for replay in Ohio. He and his wife of 42 years have six children, including a gynecologist, cardiologist and endocrinologist.

1947

William B. Abrams, 220 Spruce Tree Rd., Radnor, Pa., is the 1986 recipient of the Henry W. Elliott Distinguished Service Award of the American Society for Clinical Pharmacology and Therapeutics. Dr. Abrams, who is Executive Director for Scientific Development

with Merck Sharp & Dohme Research Laboratories (MSDRL), received the award March 21 at the Society's 87th annual meeting in Washington, D.C. Serving as Adjunct Professor of Medicine at Jefferson since 1977, Dr. Abrams is also Visiting Professor of Medicine at the Likoff Cardiovascular Institute of Hahnemann University. He held a number of other posts at MSDRL before assuming his present position in 1981. In addition Dr. Abrams is an active member of the American Federation for Clinical Research; American Heart Association; AHA Advisory Board, Council on High Blood Pressure Research; Drug Information Association; Pharmaceutical Manufacturers Association; Pharmaceutical Manufacturers Association Foundation; Fellow, American College of Physicians; Fellow, American College of Cardiology; New Jersey Academy of Medicine and the New York Academy of Science.

Gerald D. Dodd, Department of Diagnostic Radiology, M.D. Anderson Hospital and Tumor Institute, University of Texas, Houston, was elected Second Vice President of the American Roentgen Ray Society at the organization's 86th Annual Meeting in Washington, D.C., in April. Dr. Dodd is Head of the Division of Diagnostic Imaging of the M.D. Anderson Hospital and Tumor Institute in Houston. He is immediate past President of the American College of Radiology and a Trustee of the American Board of Radiology. The distinguished radiologist was the 1986 recipient of the Alumni Achievement Award (see p. 2).

Donald H. McGee, 533 Country Club Dr., Wilmington, De., writes that his daughter, Ann, graduated from the law school at the University of Virginia in May. His daughter, Beth, is in graduate school in Marine Sciences at the University of Delaware.

1948

Robert C. Laning, 6532 Sunny Hill Ct., McLean, Va., is still working as Director of Surgical Services at the Veterans Administration. "Our daughter graduates from the University of Virginia this year."

1949

George R. Farrell, 1300 Grand Ave., San Diego, was re-certified by the American Board of Family Physicians

for another six-year term. His daughter, Melanie, graduated from Jefferson in June and has started her internship at the University of California, San Diego. Dr. Farrell is in regular communication with classmate **Craig L. Macbeth**, and his wife, Barbara, who live in Tucson. He is also in contact with **John Mills** and **Rinard Z. Hart**, of his class, who live in Los Angeles. He visited with **George A. Winch** and his wife in November, 1985, during the State Academy of Family Physicians meeting in San Francisco. Dr. Farrell has been a delegate to the State Academy for several years.

John G. Finley, 4400 Lawrence Rd., Huntingdon Valley, Pa., writes that he has six children and four grandchildren, "all well physically and appear mentally sane." Dr. Finley is a radiologist at St. Mary's Hospital in Bucks County.

1950

Herbert A. Yantes, Bell's Corner Medical Center, Philadelphia, has been appointed Honorary Clinical Associate Professor in the Department of Medicine at JMC.

1951

Leonard S. Girsh, Benjamin Fox Pavilion, Jenkintown, Pa., Director of Allergy and Clinical Immunology at the Medical College of Pennsylvania, was recently interviewed for radio at the annual January meeting of the American College of Allergists, Phoenix, Arizona, in his capacity as Chairman of the Neuro-Immunology Committee. Dr. Girsh also presented material concerning allergic factors in migraine and labyrinthitis (tinnitus-vertigo) at Grand Rounds at the Medical College prior to the national meeting. Dr. Girsh has completed research and development of a hypoallergic chocolate and is carrying out plans for future marketing of the product. He has worked extensively with food allergy, paying particular attention to minimizing the risk of allergic reactions, "using other good-tasting food substitutes to help extend the dietary vistas for the patient allergic to some foods." Dr. Girsh, a Diplomate of the American Board of Allergy and Immunology, resides in Melrose Park and practices in Jenkintown.

Victor F. Greco, E-Z Acres, Drums, Pa., is a Trustee of the Pennsylvania Medical Society Board of Directors.

Simon Piovanetti, 204 Pintor Campeche, Hato Rey, P.R., is "enjoying my

pediatric practice with my daughter Yvette Piovanetti, M.D., a Yale graduate and also a Fellow of the American College of Pediatrics. She was born at Jefferson when I was a pediatric resident in 1953." Dr. Piovanetti adds, on a reunion note: "Hope to see you all."

Larry J. Starer, Strath Haven 208, Swarthmore, Pa., is "Busy with family—five children and six grandchildren; busy with exciting ophthalmic practice. Looking forward to Reunion 1986."

Frank J. Sweeney, Jr., 931 Cedar Grove Rd., Wynnewood, Pa., in recognition of his outstanding contributions to medicine was honored with Mastership by the American College of Physicians at the annual spring meeting in San Francisco. Traditionally Mastership is reserved for College Fellows noted for "personal character, positions of honor and influence, eminence in practice or in medical research (and) other attainments in science or in the art of medicine." Dr. Sweeney joins a group of fewer than 200 physicians in the body of 63,000 ACP members. He has served as Chairman of the Board of Regents, Treasurer, ACP Governor for Eastern Pennsylvania, an ACP Commissioner to the Joint Commission on Accreditation of Hospitals and Chairman of the Finance Pension Committee.

Cameron S. Ward, 201 West Southwood Dr., Woodland, Ca., is retired. Dr. Ward had a kidney transplant on July 30, 1985; his sister was the donor. He writes that he feels better than he has for the past five years.

1953

John M. Levinson, 1411 VanBuren St., Wilmington, De., has been appointed Honorary Associate Professor in the Department of Obstetrics and Gynecology at Jefferson affiliate Medical Center of Delaware.

Lindsay L. Pratt, 18 Parnell Dr., Cherry Hill, N.J., was recently elected President-elect of the Camden County Medical Society. Dr. Pratt is Chief of the Department of Otolaryngology at Cooper Hospital/University Medical Center and Professor, Rutgers Medical School Department of Surgery, Division of Otolaryngology, in Camden.

1954

Robert B. Cahan, 2340 Sutter St., San Francisco, is on the Board of Directors

of the San Francisco Independent Practice Association and the American Board of Forensic Psychiatry. Dr. Cahan is also President of the Northern California Chapter of the American Academy of Psychiatry and the Law. He is a Diplomate of the American Board of Psychiatry and Neurology and the American Board of Forensic Psychiatry. "But what Bernice and I are really proud of is our son finishing his first year of law school after a B.A. from University of California, Davis, and an M.A. from the University of Essex in political science."

Martin D. Shickman, P.O. Box 24901, Los Angeles, Director of UCLA Extension's Department of Continuing Education in Health Sciences, recently received the American Heart Association's highest volunteer award, the Heart of Gold. Dr. Shickman was honored for his more than 20 years of volunteer service. In addition to the UCLA Extension Directorship, he serves as Assistant Dean for postgraduate medical education and Clinical Professor in the Department of Medicine/Cardiology, both at UCLA School of Medicine.

1955

Milton Ivker, Medical Arts Bldg., Red Bank Ave., Woodbury, N.J., has been appointed Instructor in the Department of Urology at JMC.

1956

Nelson M. Chitterling, Box 59, Wilnot Flat, N.H., has retired from the practice of OB/GYN in Annapolis. He moved to New Hampshire "to enjoy the good life."

Antonio R. Ramos-Barroso, Esmeralda #11, Urb. Bucare, Piedras, P.R., writes, "We are in the middle of a malpractice crisis very similar to Massachusetts. I am presiding on the committee trying to solve the impasse among insurance companies, Insurance Commissioner, politicians, lawyers and physicians. It is a very difficult task. Unable to attend the 30th reunion. Hope to be there in 1991."

1957

Alfred O. Heath, Charlotte Amalie, St. Thomas, Virgin Islands, a general and thoracic surgeon, was named St. Thomas' Man of the Year by the Rotary Club II. Called in the newspaper report



The class of 1956 did it again with the largest 1986 reunion and the number one position for most dollars raised for the College. Members met at the Academy of Natural Sciences on the Parkway for a great evening. The Jefferson Umbrella was a take home souvenir. (see back cover)

a "walking whirl of medical, political, academic and musical achievement," Dr. Heath—"Medical Director of St. Thomas Hospital, former Health Commissioner, College of the Virgin Islands trustee, violinist, National Guard stalwart and director of many church and community groups—promises there is more to come."

Howard S. Richter, 26 Suzanne Rd., Lexington, Ma., was recently appointed Medical Director of the Medical East Community Health Plan, Braintree Division. Dr. Richter has had a successful private practice in medicine in Woburn for 22 years. He founded and managed the Woburn Medical Associates, a five-physician group practice, and has been a member of the Choate Hospital medical staff for more than 20 years. He is certified by the American Board of Internal Medicine and is a Fellow in the American College of Physicians.

1958

Peter Amadio, Jr., 733 Spring Valley Rd., Doylestown, Pa., has been promoted from Clinical Associate Professor to Clinical Professor in the Department of Family Medicine.

Robert G. Somers, 5401 Old York Rd., Philadelphia, has been appointed Chairman of the Department of Surgery at the Albert Einstein Medical Center's Northern Division. Dr. Somers, who directs the nationally recognized Breast Cancer Program at Einstein, has been an attending physician in the Department of Surgery since 1966. A Diplomate of the American Board of Surgery and a Fellow of the American College of Surgeons, he is also Professor of Surgery at Temple University School of Medicine and serves as Surgery Residency Director and Cancer Control Officer.

1960

Robert E. Barkett, 341 Cline Ave., Mansfield, Oh., writes that his son, Robert, Jr., graduated from Purdue this spring and will enter Jefferson in the fall as a member of the class of 1990.

Rudolf W. Bee, 800 Corbin Dr., New Britain, Ct., has been practicing ophthalmology there for 16 years. "His second son was born in late January, 1986. "A future Jefferson applicant for the year 2010?!"

Sherman W. Everlof, 24 E. Springfield Rd., Springfield, Pa., is President-Elect of the Medical Staff at Mercy Catholic Medical Center as well as Director of Reproductive Surgery. "No recent addition to Pat's and my family of eight lovely children."

Jerome J. Katchman, 29 Merion Rd., Merion Station, Pa., writes that his



The 25th reunion for the class of 1961 came in a close second to the 30th. Members from all over the country gathered at the Pennsylvania Academy of the Fine Arts for a black tie dinner dance on June 4. The next day additional members joined classmates for a luncheon at the Ristorante La Buca.

daughter, Stacy, is a third year pre-med and chemical engineering student at M.I.T. "A National Merit Scholar, she will be applying to medical school soon, to begin in the fall of 1987. My son, Steven, starts college in the fall of 1986, and won a Presidential Scholarship based on academic achievement."

David M. Leivy, 29 Crane Rd., Lloyd Harbor, N.Y., writes, "Nancy and I enjoy returning to Philadelphia to visit our son, Sander, who is in his third year at Jefferson. Our daughter, Susan, was married this past August."

1962

William V. Harrer, 241 King Highway W., Haddonfield, N.J., is President of the Camden County Medical Society. Dr. Harrer is the Laboratory Service Director at Our Lady of Lourdes Medical Center and Professor of Pathology at JMC. He is past President of the

New Jersey Society of Pathologists, St. Joseph's University Medical Alumni and Our Lady of Lourdes Medical Center Medical Staff; a Delegate to The Medical Society of New Jersey; Executive Committee Member of Our Lady of Lourdes Medical Center; Delegate to the House, College of American Pathologists; Advisory Board Member, American Red Cross and Program Coordinator, Pathology Section, Academy of Medicine of New Jersey.

1963

Joseph P. Burns, Jr., 1293 Ollerton Rd., West Deptford, N.J., has been re-elected to a second term as President of the Medical-Dental staff of Underwood Memorial Hospital in Woodbury. Dr. Burns is a past President of the Gloucester County Medical Society and has served as Chairman of the Department of OB/GYN of Underwood-

Memorial Hospital. He is "longing to join Walter Cronkite in a second career as a sailing enthusiast. While circumnavigation is a dream, sailing activities have been confined to the Chesapeake Bay due to the limitations of an ob/gyn practice and a somewhat unseaworthy wife."

1964

Leroy S. Clark, 19242 Bernetta Pl., Tarzana, Ca., writes, "By September my youngest (son) will be driving and both my daughters will be attending Stanford University. Boy, are we getting old!!"

William A. Freeman, P.O. Box 130, Shippensburg, Pa., is serving as President of the Franklin County Medical Society, taking office at the January meeting in Chambersburg. Dr. Freeman is in a three-man family practice group which includes his father, **Albert**

W. Freeman '36. His son, James W., will be entering Jefferson as a freshman in the fall. Also on the executive committee of the Society with Dr. Freeman is classmate **James C. Barton**, Secretary, who practices family medicine in Chambersburg.

Joseph A. Lieberman III, Still Hollow Rd., RD #2, Lebanon, N.J., has been inaugurated and installed as President of the New Jersey Academy of Family Physicians. Dr. Lieberman, Professor of Family Medicine at UMDNJ-Rutgers Medical School, has served as Chairman of the Department since 1983. He has been a Fellow in the American Academy of Family Physicians since 1976, and is also a Fellow of the Academy of Medicine of New Jersey.

1965

Robert A. Beggs, 478 Bath Mills Blvd., Akron, Oh., writes that his son, Doug, is a freshman at Wheaton College. "He runs track and plays soccer. He was Class A State Champion in the 800 meters his last two years in high school. Daughter Jill has been accepted on a volleyball scholarship to the University of Illinois for next year. She was All-State in volleyball and basketball this year. My spare time is spent going to ball games."

Robert Davidson, 242 Merion Rd., Merion Station, Pa., has opened a new office for the practice of general medicine at 7325 Sherwood Avenue, Overbrook Park. Dr. Davidson is a member of the medical staff at West Park Hospital.

Bruce W. Weissman, 333 Arthur Godfrey Rd., Miami Beach, has been elected President of the Dade County Medical Association, the third largest in the country.

William D. Lerner, Box 109 MCV Station, Richmond, Va., currently Associate Professor of Medicine and Director of the Division of Substance Abuse Medicine at the Medical College of Virginia, has accepted a position as Professor of Medicine at the University of Alabama, Birmingham, School of Medicine.

James V. Snyder, 1137 Wightman St., Pittsburgh, is Professor of Anesthesiology/Critical Care Medicine at the University Health Care Center of Pittsburgh. Dr. Snyder is also Editor of *Oxygen Transport in the Critically Ill*, published in August, 1986.

1968

Hubert W. Gerry, 1818 Hawthorne St., Sarasota, Fl., a specialist in medical oncology and hematology, has been elected to Fellowship in the American College of Physicians. After graduating from Jefferson and training in Baltimore City hospitals, Dr. Gerry received a Ph.D. in microbiology from Johns Hopkins; from 1978 to 1980, he served as staff Fellow at the National Institute of Allergy and Infectious Diseases of the NIH. He is a member of the Sarasota County and Florida Medical Societies and the American Society of Clinical Oncology.

1969

Richard C. Gross, 6402 Eureka Rd., Roseville, Ca., has been elected a Delegate to the American College of Radiology from northern California.

Lee A. Malit, 75 Llanfair Ci., Ardmore, Pa., is "proud to be working with the new Class Agent **Donald N. Tomasello**, at Lankenau Hospital."

1970

Charles R. Schleifer, 67 Overhill Rd., Bala Cynwyd, Pa., writes, "Chuck and Martha and three sons—Marc (12), David (9) and Daniel (4) are off on a visit to China. Martha published a book on a Philadelphia composer and Chuck spent two weeks at a camp in Colorado for children on Continuous Ambulatory Peritoneal Dialysis (CAPD)." Dr. Schleifer is a nephrologist at Jefferson affiliate Lankenau Hospital.

1971

James E. Barone, 601 Hamilton Ave., Trenton, N.J., is "celebrating the birth of our fourth child (second son), Gregory, on March 12, 1986. I am now in my second year as Director of Surgery at St. Francis Medical Center; I am looking for applicants for our surgery residency program from Jefferson."

Gregory P. Borkowski, 1642 Seven Oaks Dr., Lyndhurst, Oh., was appointed Chairman, Department of Diagnostic Radiology at the Cleveland Clinic Foundation on December 18, 1985. Dr. Borkowski continues to serve as Vice-Chairman of the Division of Radiology and Head of the Section of Abdominal Radiology.

Cora L.E. Christian, Frederiksted, St. Croix, Virgin Islands, has been

appointed Instructor in the Department of Family Medicine at JMC.

James R. Dooley, 29 E. 9th St. #20, New York City, writes that his "wife, Gayle, gave birth to our second child, Stephanie Bryce, on December 24, 1985. We have another child, James Christopher, who is 20 months old. I have been named Assistant Director, Department of Anesthesia, and Physician-in-Charge of the Ambulatory Surgery Department at St. Vincent's Hospital in New York City."

Gerald M. Klein, 6 Sunan Rd., Broomall, Pa., is practicing diagnostic and interventional radiology in Springfield (Delaware County). "In May, I graduated from Delaware Law School with a Juris Doctor degree. It was a long haul, but worth it. We are happily awaiting the birth of our second child in October."

James G. McBride, R.D. #4 Old Mill Rd., Bethlehem, Pa., was inducted into the American College of Surgeons at meetings last October. Currently, Dr. McBride is serving as President of the Lehigh Valley Ophthalmology Society.

Arthur S. Tischler, 41 Beacon St., Boston, writes that he has just become a tenured Associate Professor of Pathology at Tufts University School of Medicine.

1972

Michael L. Eisemann, 5726 Ariel, Houston, is in private practice in Houston, specializing in plastic and reconstructive surgery. Dr. Eisemann is an Associate Clinical Professor at Baylor College of Medicine.

Fred D. Lublin, 111 Overhill Rd., Bala Cynwyd, Pa., has been promoted from Associate Professor to Professor in the Department of Neurology at JMC.

1973

Joanna R. Firth, 721 Warren Ave., Malvern, Pa., announces a daughter, Melanie Ralston Firth, born October 20, 1985, to her and her husband, Bill. Dr. Firth has opened a second office for allergy and clinical immunology in Malvern.

1974

Howard G. Hughes, 65 Overlook Dr., Danville, Pa., has been named Geisin-

ger Health Plan Executive Director at the Danville facility. Dr. Hughes has served as Medical Director at GHP since February, 1985. In his new role he will coordinate all aspects of the Plan, including operations, marketing and finance. In addition, Dr. Hughes will continue to practice medicine part time in Geisinger Medical Center's Emergency Medicine Department. A Fellow and past President of the Pennsylvania Chapter of the American College of Emergency Physicians, he is Board Certified in both Emergency Medicine and Internal Medicine. He is a member of the American College of Physicians, the American College of Utilization Review Physicians, and the Hospital Planning Committee for the Central Pennsylvania Health Systems Agency.

James W. Kessel, 415 Morris St., Charleston, W. Va., has been appointed Chief of Staff at St. Francis Hospital in Charleston for 1986, as well as Trauma Director for the Charleston Area Medical Center.

1975

Angelo S. Agro, 130 N. Haddon Ave., Haddonfield, N.J., was recently re-elected Secretary of the Camden County Medical Society. Dr. Agro is an otolaryngologist practicing in Haddonfield.

1976

J. Kirk Beebe, 5 Essex Rd., Lewes, De., was elected President of the Delaware Academy of Family Physicians at the annual meeting on March 15, 1986. Dr. Beebe is currently in private practice in Lewes. He and his wife, Linda, announce the birth of their third son, Matthew Donovan, on July 2, 1985, who joins brothers Craig, 6, and Ryan, 4.

Miriam T. Dougherty, 2000 Washington St., Newton, Ma., completed her two-year fellowship in plastic surgery at Massachusetts General Hospital in 1982. "Presently I am enjoying the private practice of ophthalmology in the Boston area."

Christopher M. Frauenhoffer, 501 Lombard St., Philadelphia, is Chairman of the Department of Pathology at the Daroff Division of Albert Einstein Medical Center, and has been elected Vice President of the Medical Staff. "My wife, Suzanne Frauenhoffer, M.D., is Clinical Assistant Professor of Pathology at JMC and Director of the Clinical Chemistry Laboratory at TJUH."



Another large and successful reunion was held for the class of 1976 on Saturday night at the Philadelphia College of Art on Broad Street.



The class of 1981 celebrating its first five year reunion met at the Philadelphia College of Physicians on Saturday evening. The two young classes find the weekend better for celebrating due to tight schedules.

Andrew J. Levin, 733 Kings Croft, Cherry Hill, N.J., announces the birth of a son, Alec, born January 23, 1986. Dr. Levin practices ophthalmology in South Philadelphia and at Wills Eye Hospital.

John S. Liggett, 1346 Carriage Hill Ln., Freeport, Il., sent regrets that he could not attend the 10th reunion but forwarded best wishes to all. He is practicing general pediatrics and pediatric pulmonology in Freeport, his third and what he hopes is a final move since completing training. He writes "I am grateful for the excellent education that I received at Jefferson and will always cherish the memory of at least most of my time spent there."

1977

Leonard J. Adelson, 7036 Sunnyslope Ave., Van Nuys, Ca., married Lorin A. Schiff on September 7, 1985. Dr. Adelson is in the private practice of pulmonary medicine in North Hollywood and environs.

Leopoldo E. Delucca, Suite K, Physicians Office Bldg., S. Kenyon Rd., Fort Dodge, Ia., was recently elected Chief of Surgery at Trinity Regional Hospital in Fort Dodge. "Left group practice June 6, 1986, and went into solo practice at the above address in July. I became a Fellow of the American Academy of Facial Plastic and Reconstructive Surgery in October, 1985."

John A. Ferriss, RD2, Box 2030, Charlotte, Vt., is finishing a rheumatology fellowship at the University of Vermont, and will open a solo rheumatology practice in Montpelier in the fall.

Ronald A. Fronduti, 400 Olde House Ln., Media, Pa., writes, "Nancy and I are happy to announce the birth of our second daughter, Laura, in August, 1985."

Warren B. Matthews, 2826 Mt. Carmel Ave., North Hills, Pa., was elected Chief of the Division of Family Practice at Abington Memorial Hospital in July.

Kevin G. Robinson, 27 Latham Park, Melrose Park, Pa., and his wife, Mary, have three children, Kevin, Julia and Laura. After completing a cardiology fellowship at Graduate Hospital, he is practicing cardiology there and at Jeanes Hospital.

Donald J. Savage, 305 Huntsville Rd., Dallas, Tx., writes, "Molly was 3 in

May . . . Annie will be 1 (one) in August. Children, practice and golf combine for the 'good life.'"

Stanley P. Solinsky, 34 Twin Lakes Dr., Waterford, Ct., recently became Board Certified in OB/GYN. Dr. Solinsky will be looking for a partner soon to join his private practice in New London. He and his wife, Ruth, have two children, Sharon and Steven.

Marc T. Zubrow, 1416 Clearview Dr., Greensburg, Pa., was recently appointed Director of the Neuro-Trauma Intensive Care Units at Westmoreland Hospital in Greensburg. "My wife, Anne, son, Eric, and daughter, Jamie, are all well and enjoying the area."

1978

Patricia G. Fitzpatrick, 15 Pondview Dr., Pittsford, N.Y., is Assistant Professor of Medicine, Cardiology Unit, Strong Memorial Hospital in Rochester. Dr. Fitzpatrick announces "the recent birth of Meghan (age 2)'s sister, Caitlin, on November 7, 1985."

Gerald L. Gary, 305 Lorimer Dr., Wyncote, Pa., has been appointed Instructor in the Department of Pediatrics at JMC.

Major Jill M. Sumfest has been decorated with the Army Commendation Medal at Fort Benning, Georgia. Dr. Sumfest is a general surgeon with the Martin Army Hospital.

1979

Richard S. Blumberg, 77 Park St., Brookline, Ma., completed his fourth year of a clinical research fellowship in infectious diseases at the Massachusetts General Hospital, Harvard Medical School. Research activities over the last three years involved an examination of the cellular immunologic defects in AIDS. He began a second fellowship in July at Brigham and Women's Hospital, Harvard Medical School, in gastroenterology. "Finally, and most importantly, I was married to Lynn Thompson in June, 1984, and have a son, Ariel Seth."

Dale E. Johnston, Radiology Associates, P.A., Little Rock, Ar., has been appointed Chief of Diagnostic Radiology at Doctors Hospital, a 350-bed general hospital in Little Rock. Dr. Johnston has been elected to the Board of Trustees of the Southeast Chapter of the Society of Nuclear Medicine. He and his wife, Jan, have a daughter, Jill,

3, and a son, Neal, who is a year old this summer.

Lawrence S. Miller, Suite 218, Medical Building, Lankenau Hospital, Philadelphia, has been appointed Instructor in the Department of Orthopaedic Surgery at Jefferson.

Robert M. Rose, 633 Spruce St., #P-6, Royersford, Pa., writes, "After six years of residency in Portland, Oregon, my wife, Pat, and I have returned to the Philadelphia area. I have joined Drs. Aureliano Rivas and **Gerald A. Perch**, '59, in the practice of urology at Pottstown Memorial Medical Center and Phoenixville Hospital."

Lawrence A. Shaffer, 1860 MaryJude Ct., Hermitage, Pa., a Major in the U.S.A.F. Medical Corps, has fulfilled his obligation to the Air Force and will be opening his private practice of pediatrics in the Medical Arts Building, State Street, Sharon. Dr. Shaffer lives in western Pennsylvania with his wife, Karen, three daughters and a son.

1980

Gary A. Beste, 132 W. Main St., Newark, De., writes, "Joy and I now have a little bundle from Joy, Gary, Jr." Dr. Beste is practicing family medicine in Newark.

Mark D. Chilton, 8110 Clearfield Rd., Frederick, Md., and his wife, Sharon, have a son, Matthew, who was one year old in April. "I entered private practice in orthopaedic surgery in Frederick after completing my residency at Jefferson."

Martin K. Fallor, 2825 Camino Del Mar, Del Mar, Ca., is now in private practice limited to orthopaedic, plastic and reconstructive surgery with a primary office in Vista and a branch office in Los Angeles.

Jean L. Grem, 4607 Cheltenham Dr., Bethesda, Md., assumed the position in July of Senior Investigator in the Investigational Drug Branch, Cancer Treatment Evaluation Center, Division of Cancer Treatment, National Cancer Institute. Dr. Grem has moved from Madison, Wisconsin, to the new address above.

Jerome L. Korinchak, RD#4, Box 65-2C, Lewistown, Pa., writes, "My wife, Susan, Nathan, age 3, and I are proud to announce our new addition—Ashley Nicole, born October 13, 1985."

Jane Mooney Longacre, 819 Alene Rd., Ambler, Pa., and her husband, Steve

(College of Graduate Studies, 1980), announce the birth of Colleen Farrell Longacre on November 30, 1985. "I am in private pediatric practice in Plymouth Meeting with **Norman J. Quinn, Jr., '48.**"

H. Frederick Martin, 54 High St., Arendtsville, Pa., writes, "On September 13, 1985, Lydia Kathleen was born, joining Aaron (5), Kathy and me here in the beautiful Gettysburg area."

Frederick E. Millard, 4619 50th St., San Diego, writes that he and his wife, Marie, had their first baby in May. "Wish all our Jefferson friends could be here to share our happiness."

Shahab S. Minassian, 25 W. Plumstead Ave., Lansdowne, Pa., completed his infertility fellowship at Jefferson in June and has accepted a position in the Division of Reproductive Endocrinology and Infertility at the Medical College of Pennsylvania. He and his wife, Joanne, announce the birth of their son, Vahan, on September 24, 1985.

Thaddeus S. Nowinski, 1000 N. Broad St., Lansdale, Pa., has recently joined Ophthalmic Associates with Jefferson alumni **Robert Connor, '60**; **Louis Schwartz, '67** and **Jonathan Belmont, '76**. Dr. Nowinski is Instructor of Ophthalmology at JMC affiliate Wills Eye Hospital, where he is an active member of the Oculoplastics staff.

Raymond F. Nungesser, 1281 Cherry St., Bloomsburg, Pa., announces a son, Robert John, born March 27, 1986. "Kristen (6), Brian (3), Dorothy and I are enjoying a new addition. I opened a second office in Bloomsburg in addition to the one in Millville."

David F. Podrasky, 1477 Revere Rd., Yardley, Pa., writes, "Carol and I were blessed with our third child, Lauren Elizabeth, on April 24, 1986."

William J. Polacheck, Jr., 6213 Westover Dr., Mechanicsburg, Pa., started practicing orthopaedics in July, 1985, with **Thomas H. Malin, M.D. '65** in Camp Hill, Pennsylvania. "My wife and I had our first child, William III, in May."

Bernard C. Proy, 19095 Hillcrest Dr., Corry, Pa., "welcomed the third child to our family on March 26, 1986. Sharon Patricia joined brothers Vincent and Nicholas in the Proy clan."

John F. Reinhardt, 4755 Station Ogletown Rd., Newark, De., has been appointed Instructor in the Department

of Medicine at Jefferson affiliate Medical Center of Delaware.

Gary J. Silko, Washington Hospital, 155 Wilson Ave., Washington, Pa., married Teresa Stankiewicz in May. In June, Dr. Silko began his new position as an Assistant Director of the Family Medicine Residency Program at Washington Hospital.

James F. Squadrito, Jr., 1188 Bayless Pl., Eagleville, Pa., started the private practice of urology at Bryn Mawr Hospital in July, 1985. "My wife, Terri, gave birth to our daughter, Danielle Marie, on November 11, 1985."

Paul E. Stander, 15808 N. 52nd Pl., Scottsdale, Az., was recently appointed Medical Director for Ambulatory Care and Acting Chairman, Department of Community Medicine, for the Maricopa County Department of Health Services in Phoenix. "My wife, Susan, gave birth to our first child, Karli Ann, on January 10, 1986."

Robert F. Werkman, 1100 Kevin Cove, Cordova, Tn., formerly a Fellow in gastroenterology at Duke University Medical Center, moved to Tennessee in July where he accepted an appointment as Assistant Professor in Medicine within the Gastroenterology Division at the University of Tennessee, Memphis, College of Medicine. Dr. Werkman assumed responsibility for the clinical service as well as the endoscopy service. His professional address is University of Tennessee, Memphis, Department of Medicine, Division of Gastroenterology, 951 Court Avenue, Room 555D in Memphis.

1981

John D. Angstadt, 728 South St., Philadelphia, after spending the past five years in Jefferson's surgical residency program, this year as Chief Resident, will be a surgical Fellow next year in the transplantation program. Along with colleagues, Dr. Angstadt is presenting his film, accepted by the American College of Surgeons, at Clinical Congress in October — "Primary Hyperparathyroidism: Preoperative Localization; A Comparison of Non-invasive Techniques."

Linda D'Andrea, 630 Spruce St., Philadelphia, has been appointed Instructor in the Department of Medicine at JMC.

Glenn C. Freas, 9807 Bristol Square Ln., Bethesda, Md., was married October 8, 1982, to Melanie G. Mon-

tana. Dr. Freas completed his Medical College of Pennsylvania Emergency Medicine Residency in 1984 and successfully completed the certifying exam for the American Board of Emergency Medicine in 1985. His current position is Head of the Emergency Medicine Department at Bethesda Naval Hospital.

Ann Louise Rosenberg, 116 Avignon Ave., Pennsauken, N.J., has been appointed Instructor in the Department of Surgery at JMC.

Eli R. Saleeby, 537 N. Blackhawk Ave., Madison, Wi., is "finally finished," and will be starting in private practice in Mohs' Chemosurgery and Dermatology in Coral Springs, Florida. "We'll have it good when you have it bad."

Joseph W. Schauer III, 53 Main St., Farmingdale, N.J., is entering his third year with the Schauer Family Medical Group, "with Uncle Ed (class of '49) and father, Joseph, Jr. (class of '55). On June 25th, 1985, I married Alanna Murray—no current Joseph IV. Congrats to all newlyweds or parents in the past five years. Hope to see you all at reunion."

John F. Schilling, 212 Powder Mill Ln., Philadelphia, has been appointed Instructor in the Department of Radiology at JMC.

Stephen Sorokanich, 20 Charter Oak Pl., Hartford, Ct., was married May 12, 1984, to Susan Peters; their son, Robert, was born December 4, 1985. Dr. Sorokanich has completed a residency and fellowship in ophthalmology.

1982

Vincent T. Armenti, 101 West 15th St., New York, announces, with his wife, Dawn, the birth of their first child, Stephen Thomas, on July 26, 1985. Currently, Dr. Armenti is a resident in general surgery at St. Vincent's Hospital in the City.

Russell S. Breish, 8024 Roanoke Ave., Philadelphia, has been appointed Instructor in the Department of Family Medicine at Jefferson affiliate Chestnut Hill Hospital.

John J. Cienki, 1025 Shore Ln., Miami Beach, is working in an emergency room in Miami. "Ecstatically happy. Love Miami. Any class of '82 in the area, stop in."

Bruce S. Cohick, 3043 Green St., Harrisburg, Pa., is in private practice there,

"and we had our third child, Lauren Renee, in August, 1985."

Christopher M. Eriksen, 1425 S. Josephine St., Denver, has finished his three years at the Wind River Indian Reservation in Wyoming, where he practiced as a General Medical Officer. "Now, I'm entering surgical training at St. Joseph Hospital in Denver, prior to entering ENT training at Jefferson in June, 1988. I am still happily married to Mary Catherine Murphy (CRNA) and we have a 16 month-old son named Eamon (my 'clone'). Classmates and friends may contact me at the hospital or at this new address anytime they are passing through Colorado."

Larry M. Gersten, 127 S. Harper St., Los Angeles, married Susan McGrath in Coronado, California, on March 16, 1986. Classmate, **Mitchell Rivitz**, was in the wedding party. Dr. Gersten is entering his senior year in the orthopaedic program at USC.

William F. Iobst, Dartmouth Medical School, Hanover, N.H., passed the certifying examination in internal medicine at Guthrie Medical Center, Sayre, Pennsylvania, where he has served a residency for the past three years. In July, 1986, Dr. Iobst started his training as a two-year Fellow in rheumatology at Dartmouth.

Ilene B. Lefkowitz, 309 Florence Ave., Jenkintown, Pa., is "finishing my first year as a hematology/oncology Fellow at Children's Hospital of Philadelphia (CHOP). Next year I will be taking on a second fellowship in neuro-oncology. I'm also a Clinical Fellow of the American Cancer Society."

Denise C. McFadden, 138 Carteret St., Glen Ridge, N.J., finished as Chief Resident in diagnostic radiology at St. Vincent's Hospital, New York, in June, and is doing a fellowship in abdominal imaging at New York University from July, 1986 until July, 1987.

Lorraine C. Palos, 303 Plush Mill Rd., Wallingford, Pa., is an Instructor in the Department of Pediatrics at JMC.

William J. Paronish, St. Benedict St., Carrolltown, Pa., writes that wife, Debra, daughter, Kelly, and he have moved to Carrolltown and he has established a solo practice of family medicine in Barnesboro.

S. Mitchell Rivitz, 1271 Granville Ave., Apt. 404, Los Angeles, started a cardiology fellowship at UCLA in July.

James W. Robinson, 3164-120 Berry Ln., S.W., Roanoke, Va., announces "Christopher James, born April 2, 1986, to Jim and Joanne Robinson."

Julius S. vonClef III, 718 Parkview Ave., Staunton, Va., is presently practicing family medicine with his wife, Patricia Ducas, M.D., in the mountain community of Craigsville. "We live in Staunton, located in the Shenandoah Valley, just a 20-minute drive west of the beautiful Skyline Drive, which is in the Blue Ridge Mountains. We have a new addition to the family, Kristen Elizabeth, born May 23, 1985."

1983

Richard P. Baker III, 1948 S. Hall St., Allentown Pa., is in his third year of OB/GYN residency in Bethlehem at St. Luke's Hospital. "My wife and I have a year-old daughter, Jennifer, and a son, Richard Paul IV, born in March 13, 1986."

Steven A. Edmundowicz, 8977 S. Swan Ci., Brentwood, Mo., and Rosemarie, announce the birth of Robert Sean on July 25, 1985. Dr. Edmundowicz completed his residency at John Cochran Veterans Administration Hospital and in July began his GI fellowship at Washington University in St. Louis.

Suzanne Holdcraft Sherrard, 73 West End Ave., Somerville, N.J., completes her family practice residency in July and will join a group practice in Hopewell. One of her new colleagues is **Ronald Grossman** '71. After September 1 she and her husband Sandy will be living at 96 Hollow Road in Skillman.

Leonardo S. Nasca, Jr., 11354 White Bay Ln., Jacksonville, Fl., married Sandra D. Hale on September 21, 1985. The bestman was classmate **Morton B. Getzow**, and the matron of honor, Patty LaMonte. Dr. and Mrs. Nasca will reside in Jacksonville.

Leonidas W. Rasis, 1003 Ashbrook Ct., Voorhees, N.J., is "enjoying orthopaedic surgery at Hahnemann University. **Irene** '83 will be Chief Resident in Radiology at Jefferson next year. We hope everyone is doing well."

Dale W. Sailer, 2425 Lincoln Hwy. E., Lancaster, Pa., joined a small established family practice in Akron, Pennsylvania, in July.

Marcia Leonise Sipski, 753 E. Main St., Bridgewater, N.J., completed his residency in rehabilitation medicine at

TJUH in June, and accepted a position as a physiatrist at the Kessler Institute for Rehabilitation in West Orange.

Scott A. Trezza, Patrol Four, FPO San Francisco, who reports he is still single, is a Navy flight surgeon assigned to Patrol Squadron Four, stationed in Hawaii "and loving almost every minute of it. My condo overlooks Pearl Harbor and the Arizona Memorial. The weather is too perfect; want to visit?"

1984

David L. Clair, moved to Providence, Rhode Island, in July to start a urology residency at Rhode Island Hospital/Brown University.

Jonathan S. Daitch, 2522 Woodhull Ave., Bronx, N.Y., and his wife, Bobbie Rosenberg, are expecting their first child in September. Dr. Daitch is Chief Resident on anesthesia at Albert Einstein Medical College, Bronx, New York. He is still playing the violin and will be soloing with the Albert Einstein Orchestra in November.

Gregory R. Gordon, 11712 Lockart Rd., Philadelphia, announces with his wife, Roberta, the birth of Steven Mathew, born November 20, 1985—8 lbs. 2 oz. "I am currently in the second year of the family practice residency at Abington Hospital."

Michael Henrickson, 308 I Eucalyptus Pl., Honolulu, is "alive, well, and enduring my second year of pediatrics residency. Looking forward to the end of training!"

George B. Lisehora, Box 444, Tripler Army Medical Center, Hi., writes, "Guy and Carol: Congratulations on the birth of your daughter. George and Tanya."

1985

David S. Altman, 402 Laura Dr., Danville, Pa., is completing his first year of urology training at Geisinger Medical Center "and am doing very well."

Robert J. Motley, 5303 N. 13th St., Philadelphia, "announcing the arrival of Molly Motley, born December 19, 1985, to Bob and Jeanne-Marie."

Amy C. Stolloff, 1222 Clayton St., San Francisco, was married June 8 in Philadelphia to Daniel Stefek. They are now back in San Francisco where she is a resident in pathology at the University of California, San Francisco.

Obituaries

Harold K. Doranz, 1919

Died June 9, 1986 at the age of 88. Dr. Doranz was a lifelong resident and general practitioner in Trenton, New Jersey. He also served as a school physician, Medical Director of the Parkway Nursing Home, Medical Examiner for the Pennsylvania Railroad and a volunteer in the "well baby" clinic there. He is survived by a son and a daughter.

Walter Luschinsky, 1920

Died November 2, 1985 at the age of 89. Dr. Luschinsky, of Ringtown, Pennsylvania, was associated with the Locust Mountain Hospital in Shenandoah as Chief Surgeon.

Stewart A. VerNooy, 1925

Died January 1, 1986. Dr. VerNooy, a resident of Cortland, New York, served as Chief Radiologist at the Cortland Hospital where he also was Chief of Staff. His wife, Mary, two daughters and son, **Stewart A. VerNooy, Jr., '58** survive him.

Norris J. Kirk, 1929

Died April 13, 1986. Dr. Kirk, a general surgeon, was a resident of Lancaster, Pennsylvania.

Thomas A. Santoro, 1934

Died February 28, 1986. A pathologist from East Orange, New Jersey, Dr. Santoro was residing in Delray Beach at the time of his death. Surviving are his wife, Anne, a son and daughter.

Joseph P. Reath, 1937

Died April 18, 1986 at the age of 82. Dr. Reath practiced general medicine in Wayne, Pennsylvania, until his retirement in 1973. He was associated with Bryn Mawr and Lankenau Hospitals. Dr. Reath was related to two of Jefferson's distinguished faculty members, William Pancoast, his great-uncle and Joseph Pancoast, his grandfather. He is survived by his wife, Sarah Ann, and three daughters.

James E. Wentzell, 1937

Died March 20, 1986 at the age of 75.

Dr. Wentzell, who retired to Sun City, Florida, was a Medical Director of Underwood Memorial Hospital in Woodbury, New Jersey, and maintained a general practice in Wenonah. Surviving are his wife, Elinor, a son and a daughter.

Charles H. O'Donnell, 1939

Died March 16, 1986 at the age of 71. Dr. O'Donnell, a resident of Farmington Hills, Michigan, was on the faculty of Wayne State University Medical School and on the surgical staff of Grace and Mt. Carmel Mercy Hospitals in Detroit and the William Beaumont Hospital in Royal Oaks. A Fellow of the American College of Surgeons, the American Association for Surgery of Trauma and the American Association of Railroad Surgeons, he had served as Medical Director of the New York Central Railroad in Detroit. He is survived by three daughters and seven sons one of whom, Philip, is a sophomore at Jefferson.

William A. Ehr Gott, 1942

Died November 27, 1985 at the age of 74. Dr. Ehr Gott, a resident of Fairmont, West Virginia, was board certified in anatomical and clinical pathology. Associated with Fairmont General Hospital he served as Clinical Professor of Pathology at West Virginia University School of Medicine. Dr. Ehr Gott was a member of the Cancer Board of Marion County. Surviving are his wife, Agnes, and three daughters.

Samuel L. Cresson, 1943

Died March 28, 1986 at the age of 69. Dr. Cresson, a pediatric surgeon, resided in Bryn Mawr, Pennsylvania. He was a Director of Surgery at St. Christopher's Hospital for Children and served as Clinical Professor of Surgery and Chief of the Division of Pediatric Surgery at Temple University School of Medicine. Dr. Cresson also served on the staffs of Lankenau, Sacred Heart and Montgomery Hospitals. A Fellow of the American College of Surgeons, the American Academy of Pediatrics and the American Pediatric Surgical Association, he was the author of many medical publications. Dr. Cresson was recipient of the Four Chaplains Legion of Honor. Surviving are his wife, Elizabeth, a son and two daughters.

Walter G. Fortnum, 1944S

Died March 3, 1986. Dr. Fortnum, a

resident of Cimock, Pennsylvania, specialized in industrial medicine, workmen's compensation and disability evaluation. At one time he was employed by the New Jersey Manufacturer's Association. His wife survives him.

Harvey J. Thompson, 1945

Died January 8, 1986 at the age of 66. Dr. Thompson, a resident of Birmingham, Alabama, was certified by the American Board of Radiology.

Edwin A. McGovern, 1946

Died November 8, 1985 at the age of 64. Dr. McGovern, of Port Arthur, Texas, was certified by the American Board of Preventive Medicine.

Leonard R. Simoncelli, 1946

Died June 11, 1986 at the age of 71. Dr. Simoncelli was an internist with offices in Dublin, Wyndmoor and Huntingdon Valley, Pennsylvania. A member of the American College of Chest Physicians he served on the staff of Fitzgerald Mercy Hospital. Surviving is his wife, Mary.

Richard L. Huber, 1948

Died April 14, 1986 at the age of 63. Dr. Huber, a resident of Scranton, Pennsylvania, was a Director of Public Health there, Director of the emergency room at Moses Taylor Hospital and a past President of both Goodwill Industries and the Lackawanna County Medical Society. He served for ten years on the Board of the Pennsylvania Medical Society. Surviving are his wife, Marjorie, two sons and three daughters.

Amos V. Smith, Jr., 1950

Died March 19, 1986 at the age of 60. Dr. Smith was a general practitioner in Williamsport, Pennsylvania.

Richard V. Kubiak, 1952

Died April 26, 1986 at the age of 60. Dr. Kubiak, an orthopaedic surgeon, was associated with Nazareth and Holy Redeemer Hospitals. Certified by the American Board of Orthopaedic Surgery he was a member of numerous medical societies including the American Academy of Orthopaedic Surgeons, the American College of Surgeons and the Jefferson Orthopaedic Society. President-elect of the Flying Physicians Association he was cited last year as the Flying Doctor of the Year. Surviving are his wife, Henrietta, a daughter and three sons.

Neil D. Martin, 1956

Died March 20, 1986. Dr. Martin, an internist, was a resident of Kettering, Ohio. He was certified by the American Board of Internal Medicine. Surviving is his wife, Donna.

William A. Steinbach, 1959

Died May 8, 1986. Dr. Steinbach was Chief of the Department of Surgery at Community Medical Center in Scranton, Pennsylvania and served on the staffs of Moses Taylor, Mercy and Scranton State General Hospitals. Prior to his 1977 appointment he had served as Associate Chief of Orthopaedic Surgery at Guthrie Clinic and Robert Packer Hospital in Sayre. He was a past President of the Pennsylvania Orthopaedic Society and served as an Associate Board member of the Northeastern Bank of Pennsylvania. His wife, Barbara, a daughter and four sons survive him.

Ulysses E. Watson, 1960

Died June 15, 1986 at the age of 53. Dr. Watson, who was residing in Tacoma, Washington, at the time of his death, was a former Director of the Eastern Pennsylvania Psychiatric Institute and Director of Medical Services at Norristown State Hospital and Friends Hospital. In Tacoma he was superintendent of Washington's Eastern State Hospital and Western Washington State Hospital. A Fellow of the American Psychiatric Association, Dr. Watson served as Deputy Secretary of Pennsylvania's mental health and medical services program. Surviving are his wife, Mary, two sons and two daughters.

Harris I. Treiman, 1964

Died March 22, 1986 at the age of 47. Dr. Treiman was a family practitioner with an office in Feasterville, Pennsylvania. He resided in Huntingdon Valley and was associated with Holy Redeemer Hospital. The family has established a memorial fund through the Association's Annual Giving Program. Surviving are his wife, Carol and three sons.

James H. Corwin III, 1978

Died April 26, 1986 at the age of 33 of an aneurysm at St. Luke's Hospital in Gainesville, Florida. Dr. Corwin, a general surgeon, had recently joined his father, **James H. Corwin II, '56**, in practice there. A fourth generation Jef-

erson graduate Dr. Corwin was a Board member of the Beaches Education Foundation and the American Red Cross Life Saving Corporation. He also served on the staffs at Beaches and University Hospitals and Memorial Medical Center. Surviving in addition to his father are his wife, Cynthia, two sons, his mother, Jeanne, a sister and three brothers.

George A. Hahn, Faculty

Died May 2, 1986 at the age of 75 at his retirement home in St. Michels, Maryland. Dr. Hahn was a Professor of Obstetrics and Gynecology at Jefferson. A member of the Medical Board of Project Hope, he was a past President of the American Cancer Society, Philadelphia Chapter, the Philadelphia County Medical Society and the Obstetrical Society of Philadelphia. His wife, Anna, a son and four daughters survive him.

Zygmunt A. Piotrowski, Faculty

Died November 26, 1985, at the age of 81. Dr. Piotrowski, Honorary Professor of Psychiatry and Human Behavior, served on the Jefferson faculty from 1957 until 1970. An internationally-known scientist, he was recognized as an outstanding authority on the Rorschach Test, with 160 publications covering a range of the investigation of human psychology from infancy to old age, from criminality to corporation and military leadership. He was Clinical Professor of Mental Health Sciences at Hahnemann in 1980, receiving an Honorary Doctor of Science Degree.

James H. Robinson, Associate Dean

Died June 6, 1986 at the age of 59. Dr. Robinson, Clinical Professor of Surgery, was Associate Dean for Student Affairs, Student Promotion and Academic Standing. He joined the Jefferson faculty in 1973 and was named Director of Minority Affairs in 1975. Dr. Robinson received the Distinguished Alumnus Award from his alma mater, Pennsylvania State University, in 1978 and was a graduate of the University of Pennsylvania School of Medicine. A member of the President's Commission on White House Fellowships he served on the Board of Directors of the William Penn Foundation, and the Episcopal Diocese of Pennsylvania, among others. Surviving are his wife, Soiesette, and three sons.

Alumni Calendar

September 17-19

Preoperative Consultation:
The Surgical Patient with Medical Problems
The Warwick Hotel
Philadelphia

September 25

Memorial lecture for
Robert C. Mackowiak, M.D. '64

September 29

Reception during the meetings of the
American Academy of Family Physicians
Cosmos Club
Washington, D.C.

October 1

Class Agents Dinner
The Philadelphia Club
13th and Walnut Streets

October 21

Reception during the meetings of the
American College of Surgeons
The Royal Orleans
New Orleans

October 30

Dinner for Central Pennsylvania Alumni
Country Club of York

November 5

The Sixth Housel Lectureship
"Hypertension, Anti-hypertension Drugs
and Atherogenesis"
Aram V. Chobanian, M.D.
Jefferson Alumni Hall

November 7

The President's Club Dinner
Garden State Raceway
Cherry Hill, New Jersey

November 11

Reception during the meetings of the
American Academy of Ophthalmology
to honor Thomas D. Duane, M.D.
The Royal Orleans
New Orleans

December 2

Reception during the meetings of the
Radiological Society of North America
The Hyatt Regency
Chicago

December 3, 4 and 5

Dinners for California Alumni
Los Angeles, 3rd, California Club
La Jolla, 4th, LaValencia Hotel
San Francisco, 5th, Stanford Court

Class of 1986 Appointments

Match Day 1986 was held on March 13, the day the seniors learn of their commitment to post graduate training for the coming year. Of the 202 students who participated in this year's program 51.5% received first choices; 75.2% received one of the first three choices and 83.2% received one of first five choices. The three specialties receiving the highest number of choices by the 222 seniors were internal medicine, 30.1%; surgery, 21.6%; and family medicine, 16.2%. Next followed transitional, pediatrics and obstetrics and gynecology. The following lists the members of the class of 1986 and their hospital appointments. Members of Alpha Omega Alpha are noted.

Lawrence M. Adler

Altoona Hospital
Altoona, PA

Benjamin A. Alman (AOA)

Pennsylvania Hospital
Philadelphia

David K. Austin

New Jersey Medical School
Newark, NJ

Joseph S. Auteri

Presbyterian Hospital
New York

James L. Bailey

Mercy Hospital of Pittsburgh
Pittsburgh

Joseph J. Baka

Akron City Hospital
Akron, OH

Karen S. Baker

Mercy Hospital of Pittsburgh
Pittsburgh

Eliav Barr (AOA)

The Johns Hopkins Hospital
Baltimore

Alejandro A. Bautista

Cedars-Sinai Medical Center
Los Angeles

Alexis J. Bayo, Jr.

New York Infirmary Beekman
Downtown Hospital
New York

Joseph G. Bell

Allentown Affiliated Hospitals
Allentown, PA

William J. Belles

Allentown Affiliated Hospital
Allentown, PA

Mitchell R. Berger

North Shore University Hospital
Manhasset, N.Y.

John C. Beyer

Medical Center of Delaware
Newark, DE

Glenn A. Birnbaum

Morristown Memorial Hospital
Morristown, NJ

Steven J. Bluestine

New York University Medical Center
New York

Thomas F. Boerner

Pennsylvania Hospital
Philadelphia

Stuart M. Boreen

Thomas Jefferson University Hospital

Steele D. Boring

University of Texas Medical Branch
Galveston, TX

Beverly L. Bowker (AOA)

Strong Memorial Hospital
Rochester, NY

Andrew R. Bradbury

The Bryn Mawr Hospital
Bryn Mawr, PA

Timothy M. Bradley

Oregon Health Sciences University
Portland, OR

David N. Brotman

Univ. of Medicine & Dentistry
of New Jersey
Rutgers Medical School
Piscataway, NJ

Melissa C. M. Brown

Chestnut Hill Hospital
Philadelphia

Michael T. Brown

Medical Center of Delaware
Newark, DE

Patti J. S. Brown

Hahnemann University Hospital
Philadelphia

Elizabeth L. Brown-Gibson (AOA)

Geisinger Medical Center
Danville, PA

Anna M. Buinewicz

Chestnut Hill Hospital
Philadelphia

Eugene Bunnell

Geisinger Medical Center
Danville, PA

Daniel J. Burge

Medical Center of Delaware
Newark, DE

Glenn C. Campbell

Walter Reed Army Medical Center
Washington, DC

John C. Cardone

Univ. of Medicine & Dentistry
of New Jersey
Rutgers Medical School
Piscataway, NJ

Andrew B. Carey

Pitt County Memorial Hospital
East Carolina University
School of Medicine
Greenville, NC

William B. Carter

Thomas Jefferson University Hospital

George P. Cautilli

Lankenau Hospital
Philadelphia

Jeffrey M. Chase (AOA)
San Diego Naval Hospital
San Diego

Lin H. Chen
New England Deaconess Hospital
Boston

Anthony J. Clark
New Britain General Hospital
New Britain, CT

Francis J. Clark
Mercy Catholic Medical Center
Darby, PA

Daniel N. Coar
Eastern Virginia Graduate
School of Medicine
Norfolk, VA

David M. Cohen (AOA)
University Hospital
Boston

Ellen M. Cohen
New England Medical Center Hospital
Boston

David B. Cohn (AOA)
Thomas Jefferson University Hospital

Scott L. Comiter
New York University Medical Center
New York

Philip I. Cook
Case Western Reserve University
University Hospital of Cleveland
Cleveland, OH

Paul S. Cooper (AOA)
The Union Memorial Hospital
Baltimore

Gail R. Corson
Tulane Univ. Affiliated Hospitals
New Orleans

Gary J. Cortina
Hamot Medical Center
Erie, PA

Ralph F. Costa
West Jersey Health System
Voorhees, NJ

Walter R. Cox
Western Pennsylvania Hospital
Pittsburgh

Denise E. G. Coyle
Franklin Square Hospital
Baltimore

Walter J. E. Coyle (AOA)
Bethesda Naval Medical Center
Bethesda, MD

Hugh B. Cummings
State University
Kings County Hospital
Brooklyn, NY

Thomas J. Czajkowski
Sacred Heart Hospital
Allentown, PA

John N. Daghir
Latrobe Area Hospital
Latrobe, PA

John F. Danella
Geisinger Medical Center
Danville, PA

Richard G. Davis
Robert Packer Hospital
Sayre, PA

Timothy A. Davis
Albert Einstein Medical Center
Northern Division
Philadelphia

Bessann Dawson
University of Utah
Affiliated Hospitals
Salt Lake City

Dennis A. DeBias (AOA)
Latrobe Area Hospital
Latrobe, PA

Mario Deguchi
Mercy Catholic Medical Center
Darby, PA

Cynthia W. DeLago (AOA)
St. Christopher's Hospital
Philadelphia

Richard J. Dowling (AOA)
Naval Hospital
Camp Pendleton, CA

Greg R. Dragon
Mount Sinai Medical Center
Miami Beach

Karen L. Durinzi
Medical Center of Delaware
Newark, DE

Boyd A. Dwyer
University of Maryland Hospital
Baltimore

Linda A. Earle
Thomas Jefferson University Hospital

David J. Eschelman
Boston University School of Medicine
Boston

Gregory Famiglio
Abington Memorial Hospital
Abington, PA

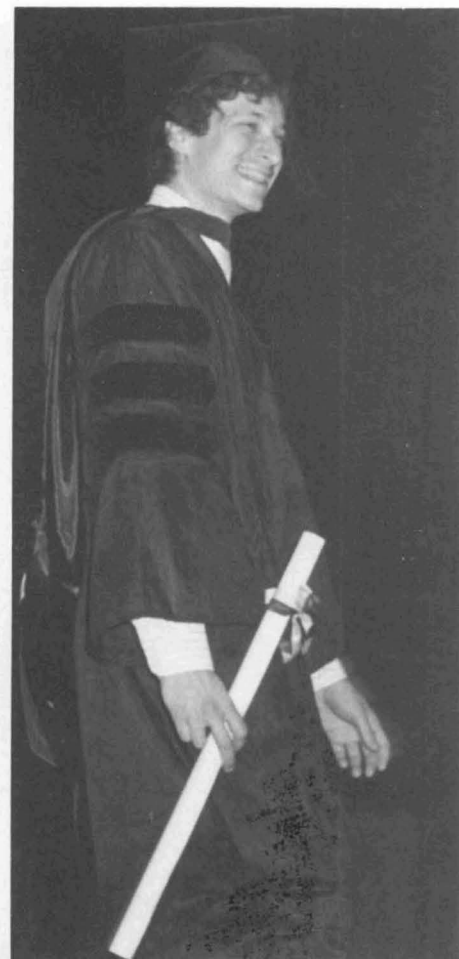
Melanie A. Farrell (AOA)
University of California
San Diego Medical Center
San Diego

Lawrence M. Fechtner
Masters Degree in Public Health
Watchung, NJ

Jay S. Fineman
Univ. of Medicine & Denistry
of New Jersey
New Jersey Medical School
Newark, NJ

Paul J. Fisch
Kaiser Foundation Hospital
San Francisco

Loren M. Freimuth
Mercy Catholic Medical Center
Darby, PA



*Bruce H. Sokoloff, M.D., with diploma,
with pride*

John Fulginiti, III
The Graduate Hospital
Philadelphia

William R. Gallivan, Jr. (AOA)
Santa Barbara Cottage Hospital
Santa Barbara, CA

Joseph M. Gibson
Allentown Affiliated Hospitals
Allentown, PA

Keith Gibson (AOA)
Geisinger Medical Center
Danville, PA

Ken Gibson
Latrobe Area Hospital
Latrobe, PA

Mark C. Gillespy (AOA)
Mount Sinai Medical Center
Miami Beach

Steven P. Gohsler
The Medical College of Pennsylvania
Philadelphia

John H. Gould
Albert Einstein Medical Center
Northern Division
Philadelphia



Jane Shen, M.D., acknowledges family and classmates

Michael Grasso, III
Allentown Affiliated Hospitals
Allentown, PA

Virginia Graziani (AOA)
Abington Memorial Hospital
Abington, PA

Valerie T. Greco-Hunt (AOA)
Mercy Catholic Medical Center
Darby, PA

Sheila S. Grossman
Chestnut Hill Hospital
Philadelphia

David R. Haas
Geisinger Medical Center
Danville, PA

H. Holly Hackman
Childrens Hospital of Buffalo
Buffalo, NY

Marcia D. Haimowitz
Albert Einstein Medical Center
Northern Division
Philadelphia

Kevin D. Halista
Medical Center of Delaware
Newark, DE

Michele J. Hammond
Chestnut Hill Hospital
Philadelphia

Hans M. Haupt
Baylor College of Medicine
Houston

Irene K. Heldman
Allegheny General Hospital
Pittsburgh

William S. Hoff
Allentown Affiliated Hospitals
Allentown, PA

Kurt P. Hofmann
The Graduate Hospital
Philadelphia

Anita M. Holloway
Medical Center of Delaware
Newark, DE

Barbara J. Howe (AOA)
Thomas Jefferson University Hospital

Janice Huang
Maine Medical Center
Portland, ME

Mari B. Ito
Albany Medical Center Hospital
Albany, NY

Joseph K. Izes (AOA)
Thomas Jefferson University Hospital

Cherie J. Johnson
Medical Center of Delaware
Newark, DE

Seth M. Jones
Thomas Jefferson University Hospital

Jeffrey K. Kanefield
Mercy Catholic Medical Center
Darby, PA

Louis L. Keeler
Pennsylvania Hospital
Philadelphia

Gilbert Keeney
William Beaumont Hospital
Royal Oak, MI

Dan D. Kessler
Thomas Jefferson University Hospital

Kent E. Kester (AOA)
University of Maryland
Baltimore

Bruce J. Keyser (AOA)
Cooper Hospital
University Medical Center
Camden, NJ

Geertruida Kints
Martin Luther King, Jr.
Drew Medical Center Program
Los Angeles

Sarah E. Kistler
Good Samaritan Medical Center
Phoenix

Antonie D. Kline
Sinai Hospital of Baltimore
Baltimore

James D. Knox, Jr.
The Bryn Mawr Hospital
Bryn Mawr, PA

Sarah E. Kohl
University of California-
San Francisco
San Francisco

Thomas A. Krebs
Montgomery Family Practice Center
Norristown, PA

Bryan K. Krepps
Georgia Baptist Medical Center
Atlanta

Jeffrey V. Kuo
Kaiser Foundation Hospital
San Francisco

Kevin M. Kuric (AOA)
Hamot Medical Center
Erie, PA

Kathlyn Lamper
Medical Center of Delaware
Newark, DE

Jeffrey A. Lavanier
Ohio State University Hospital
Columbus, OH

Steven P. Lawrence (AOA)
Fitzsimons Army Medical Center
Aurora, CO

Karen A. LeDonne
Allegheny General Hospital
Pittsburgh

Luisa E. Lehrer
Medical Center of Delaware
Newark, DE

Steven P. Levin
Mercy Catholic Medical Center
Darby, PA

Joseph G. Lewis
Lankenau Hospital
Philadelphia

Henry T. Ling
Lankenau Hospital
Philadelphia

Richard H. Long, Jr.
The Memorial Hospital
Pawtucket, RI

Bernard L. Lopez
Thomas Jefferson University Hospital

Lorraine J. Loprest (AOA)
Thomas Jefferson University Hospital

Eric C. Lundgren
Robert Packer Hospital
Sayre, PA

Glen D. Lybbert
Sacred Heart Medical Center
Spokane, WA

Paul J. Lynott
Sacred Heart Hospital
Allentown, PA

Edward R. Magargee
Lankenau Hospital
Philadelphia

Andrea B. Magen
Thomas Jefferson University Hospital

George J. Mamo
University of Maryland
Baltimore

James S. Manley
Medical Center of Delaware
Newark, DE

Kenneth B. Margulies
Mayo Graduate School of Medicine
Rochester, MN

James B. Mark
Oakland Naval Hospital
Oakland, CA

John W. Maroney, Jr.
University of Minnesota Hospitals
Minneapolis, MN

William V. Martinez, Jr. (AOA)
New York University Medical Center
New York

Suzanne F. Matunis
St. Margaret Memorial Hospital
Pittsburgh

Mitch McCandlish
Univ. Health Center of Pittsburgh
Pittsburgh

Patricia A. McCormack (AOA)
Univ. Health Center of Pittsburgh
Pittsburgh

Gordon R. McDevitt, Jr.
Tripler Army Medical Center
Honolulu

Marie C. McGettigan
Medical Center of Delaware
Newark, DE

William T. McGrail, Jr.
William Beaumont Army
Medical Center
El Paso, TX

Eugene J. McTiernan
Geisinger Medical Center
Danville, PA

Michelle A. Mead
Howard University Hospital
Washington, DC

Susan M. Melton
Thomas Jefferson University Hospital

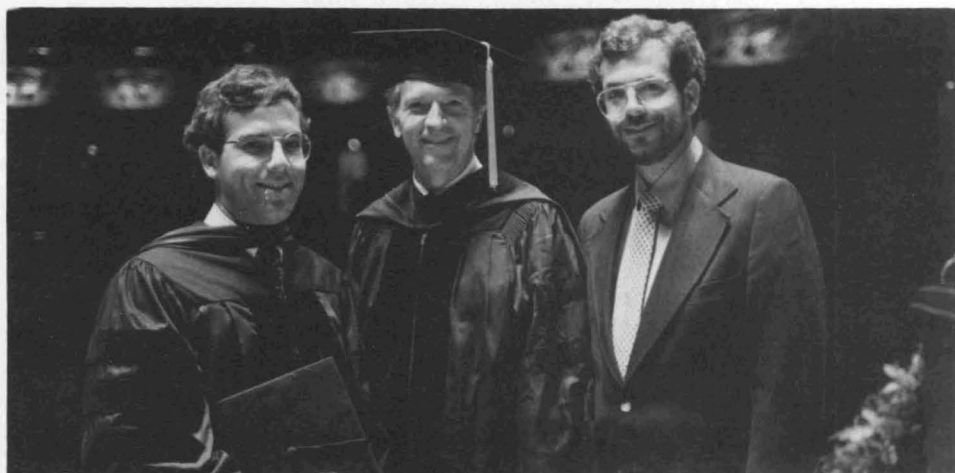
Thomas J. Meyer
McGaw Medical Center of
Northwestern University
Chicago

Stephen W. Mihalsky
The Graduate Hospital
Philadelphia

Joseph J. Mike, Jr.
The Graduate Hospital
Philadelphia

Margaret E. Mike
Hahnemann University Hospital
Philadelphia

Kathryn A. Minehan
Thomas Jefferson University Hospital



Herbert E. Cohn, M.D. '55, Professor of Surgery, with sons, the graduate David B., M.D. and Jeffrey B. 'M.D. '80



Louis L. Keeler, M.D.



Michele J. Hammond, M.D.



Min C. Oh, M.D., receives hood from Richard R. Schmidt, Ph.D., Associate Professor of Anatomy

Gregory Mokrynski
Thomas Jefferson University Hospital

Michael K. Montrella
Scranton-
Temple Residency Program

John Montini
Mercy Hospital of Pittsburgh
Pittsburgh

Todd A. Morrow
Univ. of Medicine & Dentistry
Newark, NJ

Lauren M. Mozdy
Riverside Hospital
Newport News, VA

Thomas C. Mueller
Univ. of Medicine & Dentistry
Cooper Hospital-
University Medical Center
Camden, NJ

John R. Mulvey
USAF Regional Hospital
Eglin AFB, FL

Winslow W. Murdoch
Montgomery Family Practaice Center
Norristown, PA

S. Ross Noble
Mercy Catholic Medical Center
Darby, PA

Stephen A. Nurkiewicz
Abington Memorial Hospital
Abington, PA

Robert L. O'Connor, III
Mercy Catholic Medical Center
Darby, PA

Michael J. O'Donnell (AOA)
Jacksonville Naval Hospital
Jacksonville, FL

Min C. Oh
V.A. Medical Center - Georgetown
Washington, DC

Carl L. Overmiller
Polyclinic Medical Center
Harrisburg, PA

Michael W. Paluzzi
State University of New York
Upstate Medical Center
Syracuse, NY

Cheryl E. Peek-Ball
Chestnut Hill Hospital
Philadelphia

Rosalie Pepe
Hahnemann University Hospital
Philadelphia

William F. Phifer
Univ. of Florida Medical Center
Shands Hospital
Gainsville, FL

Gordon R. Phillips, III
State Univ. of New York at Buffalo
Erie County Medical Center
Buffalo, NY

Craig C. Powell
San Diego Naval Hospital
San Diego

Philip L. Prosapio
University of Minnesota Hospitals
Minneapolis, MN

Holly P. Pugh
The Medical College of Pennsylvania
Philadelphia

Vernon W. Pugh
The Graduate Hospital
Philadelphia

Samuel G. Putnam, III
St. Vincent's Hospital
New York

Robert S. Ream
St. Louis University Hospital
St. Louis

Kathleen H. Rivers (AOA)
Childrens Hospital
National Medical Center
Washington, DC

Robert L. Robles (AOA)
Milton S. Hershey Medical Center
Hershey, PA

James J. Roche
Saint Barnabas Medical Center
Livingston, NJ

Rodger F. Rothenberger
The Bryn Mawr Hospital
Bryn Mawr, PA

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